



Position Statement

The role and responsibility of speech pathologists in assessing, diagnosing and treating clients with Autism Spectrum Disorders

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Position Statement

The assessment, diagnosis and treatment of individuals with Autism Spectrum Disorder (ASD) is within the scope of practice of speech pathologists (Speech Pathology Australia, 2003).

Speech pathologists play a crucial role in the enhancement of the emotional, social, communication, creative play, speech and language development skills and quality of life of individuals with ASD and their families.

It is essential that speech pathologists work collaboratively as part of a multidisciplinary team to aid in the assessment, diagnosis, and intervention of individuals with ASD.

It is imperative that speech pathologists working with individuals with ASD maintain currency of knowledge and expertise and seek professional support and supervision as required.

Background

This Position Statement has evolved as a result of Speech Pathology Australia's involvement in the Federal Government's *Helping Children with Autism* package and various *Autism State Plans*. It has been developed to guide and support speech pathologists in the appropriate delivery of specialised services to clients presenting with ASD.

This Statement has been informed by Speech Pathology Australia's Autism Spectrum Disorder Advisory Group (established in January 2008), current available best evidence, international position statements, policies and guidelines from the American Speech and Hearing Association (ASHA, 2006), and consensus opinion.

This statement will serve as an umbrella document to Speech Pathology Australia's *Guidelines for speech pathologists assessing, diagnosing and treating clients with Autism Spectrum Disorder (NOTE: under development)*, which will outline best practice, the skills and knowledge required by speech pathologists working in the area of ASD, and principles of practice in relation to assessment, diagnosis and intervention.

ASD is a complex disorder involving individual differences in many aspects of development (emotional, sensory, motor, social understanding, cognition, language and speech). Speech Pathology Australia recognises that management of individuals with ASD is best provided by a holistic team approach which will ensure that all aspects of an individual's development are taken into consideration. Holistic health care provides support to the individual, their family, significant other(s) and support systems and is imperative to healthy development of the individual. Speech pathologists are essential members of teams working with clients presenting with ASD.

Speech Pathology Australia acknowledges that early identification and intervention for individuals with ASD, using best practice guidelines, is critical to their long term outcomes. Speech Pathology Australia supports the *Guidelines for Best Practice for Early Intervention for Children with Autism Spectrum Disorder* (Roberts and Prior, 2006), however recognises that individual children may present with differing needs. With appropriate intervention, individuals with a diagnosis of ASD have the potential to continue to develop social, communication and behavioural skills that will equip them for success in the both short and long term. At present, there is no single treatment for individuals with autism and there is no cure (Roberts & Prior, 2006). Speech pathologists select from the range of intervention approaches available, based on scientific research evidence and with respect to the unique needs of each individual and family.

Speech Pathology Australia strongly advocates for the rights of all individuals with a diagnosis of ASD to have access to specialist services including speech pathology.



This document serves as a general guide to the roles and responsibilities of speech pathologists in assessing, diagnosing and treating clients with ASD. Whilst broad consultation was obtained nationally, it is advised that readers of this document also consider policies and guidelines produced by various organisations and government bodies at a state level relating to the role and responsibilities of speech pathologists.

Defining Autism Spectrum Disorders

Autism is a life long neurological disability of unknown aetiology. Criteria for a diagnosis of autism are based on a triad of impairments in social interaction, communication and thinking and behaviour. There is a spectrum of autistic disorders which includes Autistic Disorder, Aspergers Syndrome, Retts Syndrome, Childhood Disintegrative Disorder, and Pervasive Developmental Disorders Not Otherwise Specified (PDD-NOS, also known as Atypical Autism). Some individuals with Autistic Disorder with IQ in the typical range may also be described as having High Functioning Autism (HFA) (Roberts & Prior, 2006).

The Australian Government report (MacDermott, Williams, Ridley, Glasson & Wray, 2006) suggests that there is an estimated prevalence of Autism Spectrum Disorders across Australia of 62.5 per 10,000 for 6-12 year old children. This means there is one child with ASD on average in every 160 children in this age group. This represents 10,625 children aged between 6 and 12 years with ASD in Australia. In addition, MacDermott et al's (2006) core findings suggest that there could be as many as 125,000 people with ASD in Australia or, expressed in another way, half a million Australians in families affected by ASD.

Roberts and Prior (2006) suggest that the diagnosis of Autism Spectrum Disorders is made on the basis of developmental history, formal assessments, and observed behaviour. They indicate that there is significant variation in the reported incidence and prevalence of the disorder, ranging from less than 4 persons per 10,000 to more than 100 persons per 10,000. They suggest that there are several factors which are likely to contribute to this variation, including the strict versus loose definitions of autism, and variability in diagnostic practice amongst professionals. Agencies in Australia have reported an increase in the ascertainment rate (numbers of children correctly diagnosed) and a steadily increasing demand for services which is disproportionate to the general growth in population.

The diagnosis of ASD is based on the observation of behaviour in three areas of social behaviour; communicative behaviour; repetitive and ritualistic behaviour and resistance to change (Roberts & Prior, 2006). The *Diagnostic and Statistical Manual of Mental Disorders: DSM IV TR* (American Psychiatric Association, 2000) identifies three areas of impairment associated with a diagnosis of Autism¹:

1. **Impaired socialisation:** Individuals with autism may have difficulty initiating interaction while others may have difficulty establishing relationships. Individuals may not understand the unspoken rules which govern relationships and social interactions. They may fail to discuss and share their interests and may not respond to social approaches from others.
2. **Impaired communication:** Some individuals with autism have developmental delay of speech and language. Those who do not have speech may fail to use gesture and pointing to make themselves understood. Individuals may also have limited vocabulary, repetitive speech or difficulty sustaining normal communication. Often individuals with autism have difficulty understanding or comprehending what other people say and mean, and will often interpret more abstract language in very literal ways.
3. **Repetitive or restricted patterns of behaviour, interests or activities:** Individuals with autism may follow the same routine each day without many changes. They may play with objects in an

¹ Taken from Western Australian Autism Diagnosticians' Forum Inc., 2005



unusual, restricted or repetitive way or repeat specific body movements (eg hand flapping, rocking, spinning). They may become very distressed by changes to routine or their environment and they may be very sensitive or respond in an unusual way to different sources of stimulation.

According to the *Diagnostic and Statistical Manual of Mental Disorders: DSM IV TR* (American Psychiatric Association, 2000) [Refer to Attachment 1], a total of six (or more) items from (A), (B), and (C), with at least two from (A), and one each from (B) and (C) assist in the diagnosis of Autism Spectrum Disorders. For a diagnosis of autism to be made, an individual must meet at least 6 of the 12 criteria, which is a combination of that listed in the above three categories. Each of the categories contains four specific criteria, with a total of 12 criteria (American Psychiatric Association, 2000). Individuals can meet a variety of the different combinations of the above criteria.

As a consequence, individuals with a diagnosis of autism may vary in their personality and in their presenting communication, social and behavioural skills.

Roles for speech pathologists working in the area of Autism Spectrum Disorder

Children, adolescents and adults diagnosed with ASD face similar challenges in relation to their social communication and interaction with their environment. Speech pathologists have a role in the management of communication and social interaction impairments presenting in the individual with ASD and in supporting them to effectively break down barriers that impact on their ability to communicate and interact.

Appropriate roles for speech pathologists include but are not limited to:

1. **Screening:** Speech pathologists are involved in the early detection of individuals at risk of ASD, often referring to other specialists or recommending that individuals participate in a formal assessment; formal diagnosis and subsequent intervention. Speech pathologists are among the first professionals to identify individuals with potential ASD communication behaviours and social traits.
2. **Assessment:** Speech pathologists are trained to assess an individual's speech, language, pragmatics (social skills) and pragmatic language. A comprehensive speech pathology assessment will ascertain those communication areas requiring intervention and support.
3. **Diagnosis:** As an integral part of a multidisciplinary team, speech pathologists play an important role in contributing to an ASD diagnosis through the analysis of all aspects of a client's communication skills. In order to confirm an ASD diagnosis, speech pathologists may also refer to other professionals in order to rule out other conditions and to support their final diagnosis regarding a client's communication skills.
4. **Intervention:** Speech pathologists possess the relevant knowledge and skills to assist individuals with a range of communication skills and communication behaviours. Speech pathologists may assist individuals with ASD in initiating spontaneous communication in a range of settings; assist ASD clients and communication partners with the use of verbal and non verbal communication (including gesture, speech, signs, pictorials) across all settings; develop appropriate social skills and language to promote participation and acceptance within the community; impart knowledge on the use of augmentative and alternative communication systems; and to access literacy and language within their environments.
5. **Working with Families:** Speech pathologists will adopt a family centred approach to working with an individual with ASD in recognition that working with the individual's family and significant others is essential in maximising effective communication in meaningful social contexts. Speech pathologists have the appropriate knowledge and skills to provide education, counselling and support to families and significant others.



6. **Consultancy:** Working collaboratively with families, professionals, teachers and support personnel, speech pathologists will contribute to goal setting and program planning for an individual or group of individuals with ASD. Speech pathologists will also provide broad input to service development and provide professional development and training to those working with clients with ASD.

Utilising the latest evidence based research, speech pathologists can play an active role in advancing the knowledge base of the nature and management of ASD. Speech pathologists can contribute and inform practitioners and educators about the most effective and efficient means to screen, assess, diagnose and treat individuals with ASD. Such information can also inform clinicians about the most optimal means of service delivery to individuals with ASD and their families.

Speech pathologists also play a vital role in advocating for individuals with ASD and their families. In advocating for ASD clients, speech pathologists can assist in improving the quality of life of ASD clients so that individuals with ASD have the greatest opportunity to participate within their respective communities. Speech pathologists also play an important role in lobbying governments, policy makers and other organisations (ie. carer bodies; education departments) so that services are delivered in the most effective and efficient manner and, most importantly, so that individuals with ASD have access to services across Australia.

Service Delivery

Speech pathologists provide specialist services to clients with ASD in a range of clinical, community and social settings. These include, but are not limited to, the individual's home, early intervention centres, hospitals, community health centres, educational settings (preschool, primary, secondary, specialist special developmental schools), and private practice. As primary health care professionals working within these settings, speech pathologists may be among the first professionals consulted by families and individuals with ASD. Speech pathologists therefore play a central role in screening, diagnosing, assessing and program planning, referring to other professionals, and enhancing relationships and social communication in individuals with ASD.

Effective speech pathology service delivery models may be based on 1:1 intervention, group therapy or consultation services. Group therapy can assist in the individual's relationship development, in the development of concept of self and other, and use of language to form and maintain relationships. Group education and support may also be provided to family members and other significant people in the individual's life. Often a combination of 1:1 and group intervention can provide optimal outcomes. Consultation with family, health professionals and educators (early childhood workers and teachers) can provide information about the individual differences of the person with ASD and their social and emotional development levels. The speech pathologist can assist those living with and working with an individual with ASD to develop a better understanding of the individual, of how they can maximise communication, and help the individual to form healthy relationships and participate in life.



Training and Experience

Graduate entry level courses in speech pathology educate speech pathologists in the necessary areas of assessment, diagnosis and treatment of speech, language, pragmatic language and social skills. Entry level courses cover a range of relevant subjects including normal childhood development, developmental disorders and paediatric speech and language impairments. Graduates of accredited courses and who are eligible for membership of Speech Pathology Australia have the core skills to assess, diagnose and treat individuals with ASD.

Speech Pathology Australia strongly encourages those graduate members to further their skills in relevant areas of practice through participation in continuing professional development (CPD) and to seek professional support through professional networks and the mentoring program offered by Speech Pathology Australia.

Detailed “Knowledge and Skills” required of speech pathologists working in ASD will be outlined in Speech Pathology Australia’s *Guidelines for speech pathologists assessing, diagnosing and treating clients with Autism Spectrum Disorder (under development)*. In broad terms, however, the requisite knowledge and skills may include:

- A sound knowledge and understanding of the core characteristics of ASD including the communication and behavior of a child with ASD;
- A knowledge of available screening, assessment and observation tools and ability to interpret results and evaluate the language and pragmatic skills of a child with ASD;
- Ability to analyse the underlying pragmatic language disorder and its impact on the communication development of a child with ASD;
- Knowledge of a range of intervention approaches and programs appropriate to an individual with ASD;
- Ability to plan and implement communication intervention;
- Skills to develop functional visual strategies to assist with the child’s communication and behaviour;
- Knowledge of behavioural techniques and programs and ability to manage the child’s behaviour and optimise outcomes during therapy;
- Ability to work with families and utilise family-centred approaches, as appropriate; and
- Application of a multidisciplinary consultative approach through contact with other specialists, educators and support workers involved in the management of an individual with ASD.

Professional Development

Whilst graduate level courses educate speech pathologists in the general areas necessary to assess, diagnose and treat individuals with Autism Spectrum Disorders, Speech Pathology Australia strongly endorses Continuing Professional Development (CPD) in the area of ASD, so that clinicians are equipped with the latest knowledge, resources, assessments and intervention approaches. Speech Pathology Australia is committed to providing its membership with CPD events specific to ASD, and views continuing professional development as core to the evolving nature of ASD assessment, diagnosis and treatment.

Speech Pathology Australia contends that *Certified Practising Speech Pathologists*, who demonstrate a commitment to CPD and meet the requirements of the Association’s Professional Self-Regulation Program, and in particular those who undertake specific ASD-related courses, are best placed to provide services to clients with ASD and their families. It is recommended that new graduates, not yet eligible for *Certified Practising Speech Pathologist* status, seek supervision from a speech pathologist with a minimum of two years experience working in the area of ASD.



Evidence Based Practice

Speech Pathology Australia supports evidence based approaches to assessment, diagnosis and treatment of individuals with ASD and their families. It is essential that all professionals involved in working with individuals with ASD adopt a consistent evidence based approach.

Speech pathologists should recognise the guidelines and active components of effective, evidence-based practice for individuals with ASD and their families. They should draw on empirically supported approaches to meet specific needs of children with ASD and their families, thereby incorporating individual differences, family preferences, cultural differences, and learning styles (ASHA, 2006).

As each individual with ASD presents with individual differences in their emotional, social, sensory, motor, cognitive, language and speech development and varying degrees of competencies in communication and social interaction, the Association does not endorse the exclusive use of one program type or one intervention approach. Individual assessment and management planning is necessary to determine the most appropriate intervention approach for each individual with ASD, so as to achieve optimal functioning and outcomes.



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**Diagnostic and Statistical Manual of Mental Disorders: DSM IV TR
(American Psychiatric Association, 2000):**

- (I) (A) qualitative impairment in social interaction, as manifested by at least two of the following:
 - 1. marked impairments in the use of multiple nonverbal behaviours such as eye-to-eye gaze, facial expression, body posture, and gestures to regulate social interaction
 - 2. failure to develop peer relationships appropriate to developmental level
 - 3. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people, (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
 - 4. lack of social or emotional reciprocity (note: in the description, it gives the following as examples: not actively participating in simple social play or games, preferring solitary activities, or involving others in activities only as tools or "mechanical" aids);
- (B) qualitative impairments in communication as manifested by at least one of the following:
 - 1. delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
 - 2. in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 - 3. stereotyped and repetitive use of language or idiosyncratic language
 - 4. lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level;
- (C) restricted repetitive and stereotyped patterns of behaviour, interests and activities, as manifested by at least two of the following:
 - 1. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
 - 2. apparently inflexible adherence to specific, nonfunctional routines or rituals
 - 3. stereotyped and repetitive motor mannerisms (e.g hand or finger flapping or twisting, or complex whole-body movements)
 - 4. persistent preoccupation with parts of objects;
- (II) Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:
 - (A) social interaction
 - (B) language as used in social communication
 - (C) symbolic or imaginative play
- (III) The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder

