
Baylor University

Best Practices in Assessment and Intervention for Autism Spectrum Disorder: Ethical and Cultural Considerations

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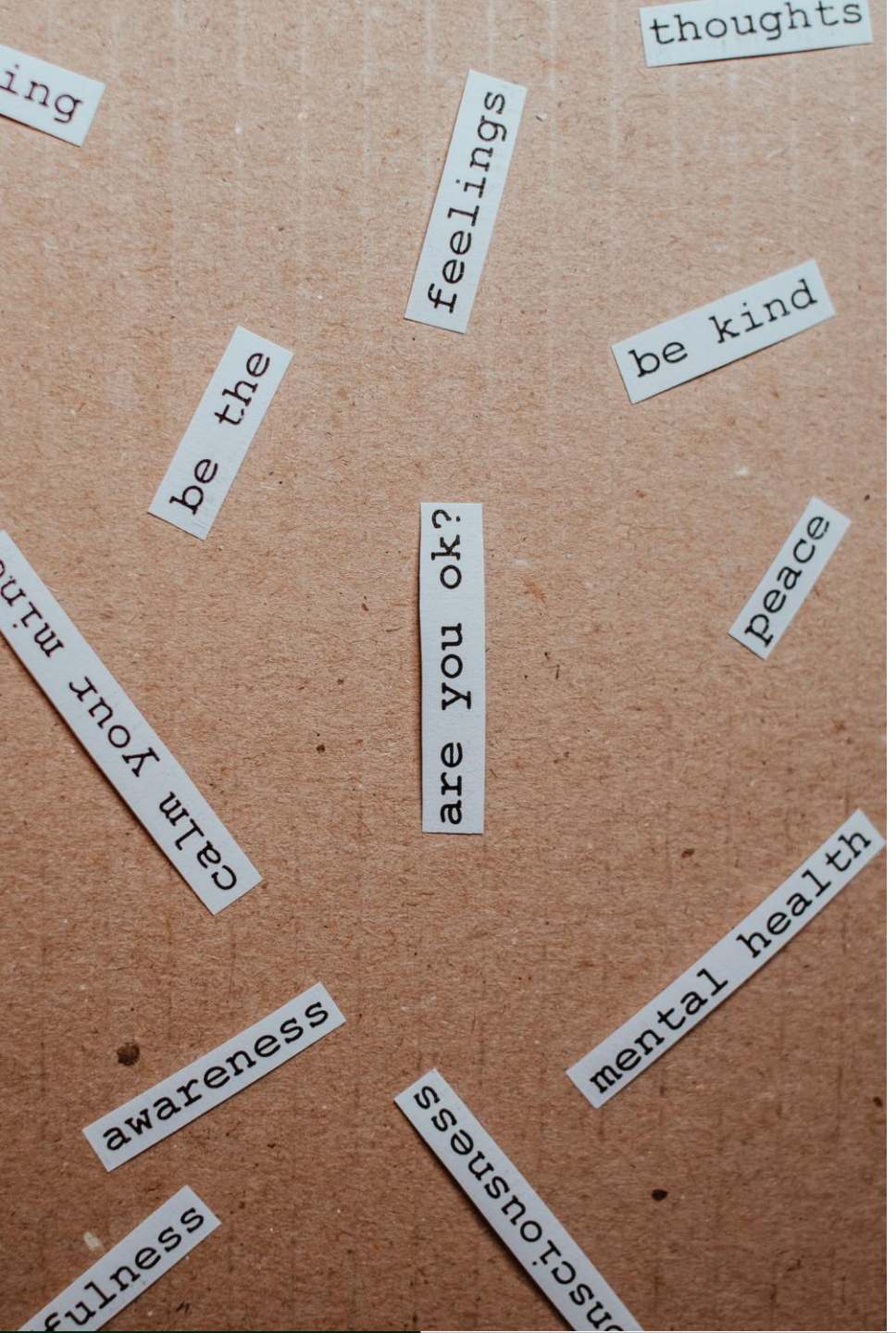
Objectives

Assessment	Culture	Intervention	FBAs & BIPs
Identify and select research-based assessments for school-based autism screenings and evaluations	Learn how to integrate considerations regarding gender and culture into assessment practices	Understand ways to synthesize data to provide necessary supports for students with ASD	Learn ways to improve the functional behavior assessment process and use them to inform our behavior intervention plans.

Handouts

Questions



Labels and Terminology

Person-first language: "I have autism." "My child has an autism diagnosis."

Identity first: "I am autistic." "She is an autistic student."

Poll Question #1

In what setting do you currently work?

- Schools
- Clinic/Hospital
- Private Practice
- Academia
- Graduate Student
- Other

Assessment

Assessment: Take Home Points

- Diagnostic & Eligibility Criteria
- Early Screening
- Best-Practices in Assessment
- Comorbidities and Differential Diagnosis

NASP Ethical Problem-Solving Model

1. Describe the problem situation.
2. Consult available ethical and legal guidelines.
3. Consider, to the best of your ability, all factors pertinent to the decision.
4. Confer with supervisors, colleagues, others.
5. Evaluate the rights, responsibilities, and welfare of all affected parties.
6. Consider alternative solutions and the likely consequences of each.
7. Select a course of action and assume responsibility for this decision.

(NASP, 2020)

Ethical Dilemma: Assessment

Step 1: What is best-practices in autism identification?

- How do we know our assessments are valid?
- Are we identifying correctly?
- Do we have the required competencies?
- Are we using instruments according to protocol?

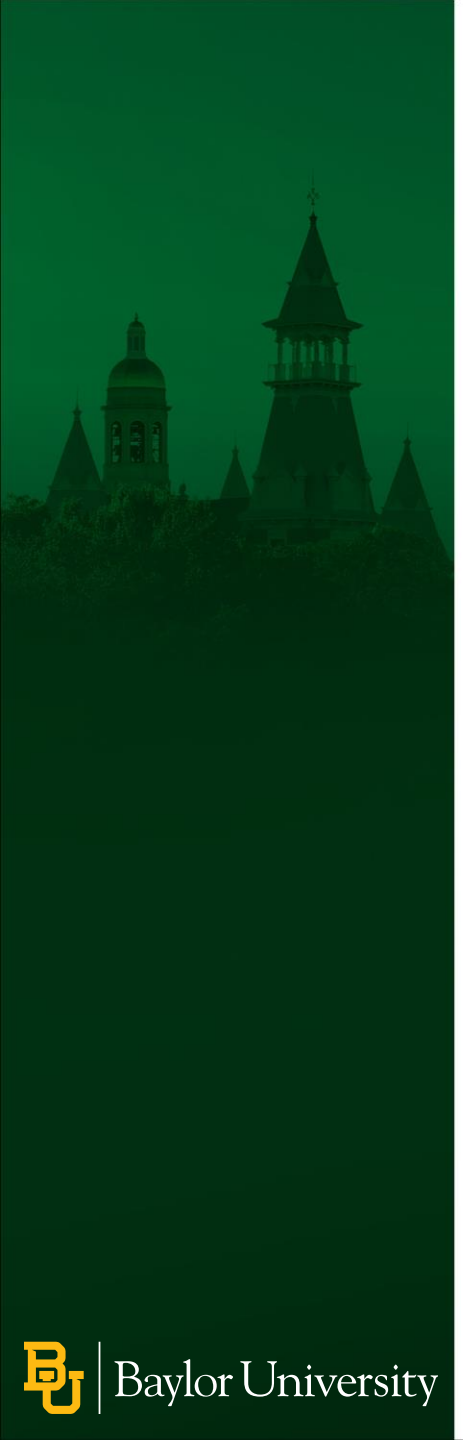
Ethical Dilemma: Assessment

Step 2: Consult available ethical and legal guidelines.

Autism Characteristics

- Neurodevelopmental disorder
- Prevalence: 1 in 44 children (from 1 in 150 in 2000)
- Occurs in all racial, ethnic, and socioeconomic groups
- Atypicalities in:
  - Social interaction/social communication
  - Restrictive/repetitive behaviors and interests
- Spectrum with heterogeneous presentation
- Children do not “grow out of” ASD, but can make marked gains in skills and symptoms change over lifespan

(CDC, 2022a; CDC, 2022b)



Autism Identification

Clinical Diagnosis

Based on set of criteria (DSM-5, ICD-10/11)

Often needed to justify treatment or reimbursement

Medical or private settings

May be made by individual or team

Educational Classification

Based on federal law (IDEA, 2004)

Required to receive special education services

Public schools only

Must be determined by team

Shared Features

Reference impact of symptoms on daily functioning

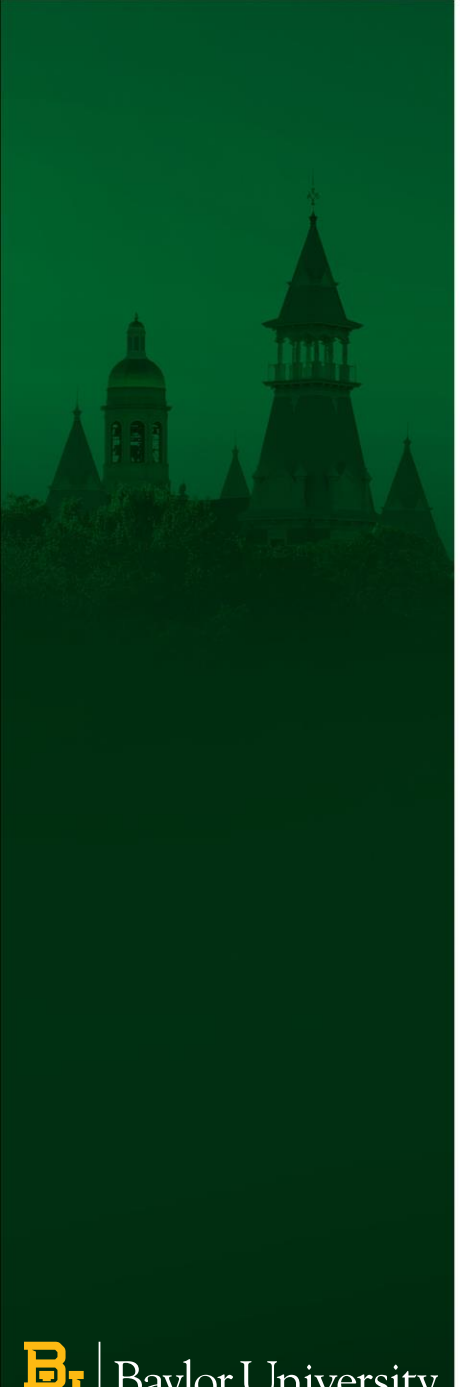
Emphasize a spectrum of difficulties

Acknowledge that impairments emerge in early development, but may not by fully manifested

Include core difficulties in verbal and nonverbal social communication, social interaction, and restricted or repetitive behaviors

Other Ethical & Legal Considerations

- Child Find
- Full and individual assessment
- Confidentiality
- Amongst others…



Ethical Dilemma: Assessment

Step 3: Consider, to the best of your ability, all factors pertinent to the decision.

Age at Identification

- Diagnostic criteria validated for ages 3+
- But 80% of parents note abnormalities by 24 months
- American Academy of Pediatrics recommends to screen by age 2

(James et al., 2014)

Poll Question #2

What percentage of pediatricians are completing ASD screenings as recommended?

- 35%
- 50%
- 80%
- 97%

Importance of Early Identification

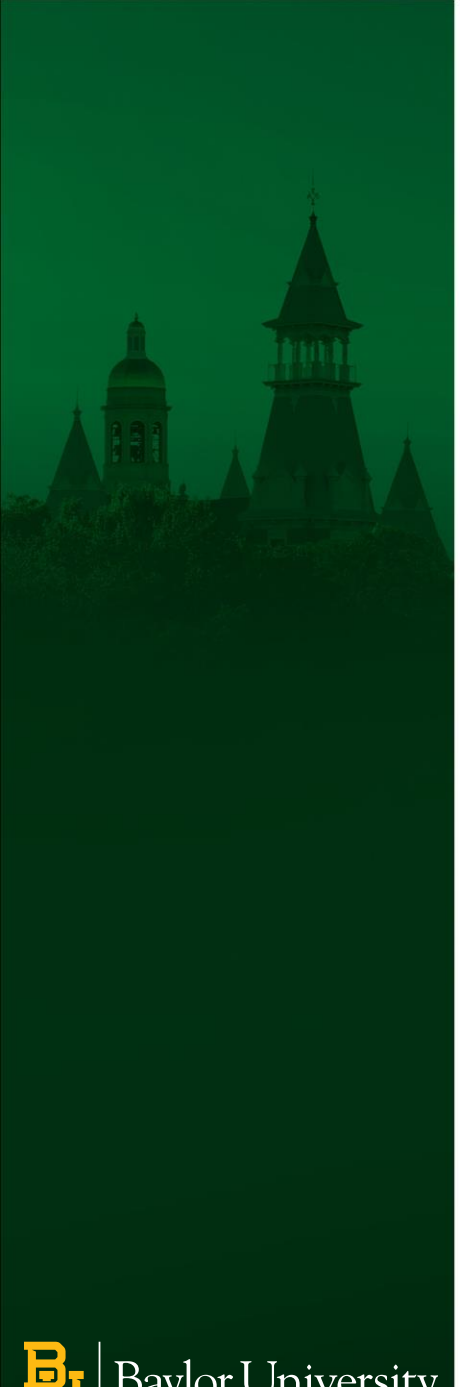
- Typically diagnosed between ages 3-6 in USA
- Ideally that window would be pushed earlier
- CDC (2021) reports early identification is increasing
- Early identification and intervention related to improved outcomes in:
  - Language skills
  - Intelligence
  - Adaptive behavior

(James et al., 2014)

Clinician Competency

- ASD diagnostic reliability high
- But often involves uncertainty (60% of dx made with "complete certainty")
- More certain when identifying ASD than ruling it out
- Lower confidence associated with:
  - Moderate symptoms (as compared to high or low)
  - Public insurance
  - Higher IQ and adaptive skills
- Very young children and older children are harder to diagnose, for different reasons (Allaby & Sharmer, 2011; Camarata, 2014; Penner et al., 2017)

(Wieckowski et al., 2021)



Handout Question #1:

How does your site promote early screening and identification? What might be done to improve these efforts? Keep – Start – Stop

Improving Referral Process

- Parents, teachers, and other professionals typically notice symptoms first
- Identification is thus often reliant on knowledge of pre-referral individuals
- Increase knowledge by:
  - Providing training to school staff
  - Developing RTI/MTSS processes for ASD screening
  - Collaborating with key community agencies

Ethical Dilemma: Assessment

Step 4: Confer with supervisors, colleagues, others.

Step 5: Evaluate the rights, responsibilities, and welfare of all affected parties.

What are best-practices once the child has been referred for a full evaluation?

Benefit of School-Based Evaluations

- School-based personnel uniquely trained
- Requirement for multidisciplinary teams
- Allows for observations across contexts and times
- Opportunity for targeted, early, and ongoing intervention
- Ecological validity
- Social justice thread of school psychology

Best-Practices

Systematic review of ASD diagnostic procedures reports **"Gold standard" includes (in order):**

1. Multi-disciplinary team (MDT) with consensus in clinical judgement
2. Measures with strong evidence-base (i.e., ADOS-2 & ADI-R)
3. Other assessments to supplement to rule-out/in additional eligibilities

(Falkmer et al., 2013)

1. Multidisciplinary Teams

- MDT clinical judgment should guide determination
- LSSP, LP, SLP, OT, PT, BCBA…
- MDT correct or reliable classification rate = 80.8 %
- Sets recommended accuracy for any individual tool to correctly classify at-or-above 80%

(Falkmer et al., 2013)

2. Evidenced-Based Battery

- The use of just one assessment is not recommended
- Use a variety of tools across different settings
- Utilize a combination of both parental interview and direct observation.
- Consider age/developmental level of child and specific limitations (i.e., motor, language, etc.)
- Professional competence in administration, scoring, and interpretation

(Falkmer et al., 2013)

ADOS-2 & ADI-R: Reliability

- Combined ADOS-2 and ADI-R provide reliable classification rates of:
  - 0.88 in children <3 years
  - 0.84 for children 3+ years
- Combined use has strongest accuracy
- Followed closely by ADOS-2 alone, then the ADI-R individually

(Falkmer et al., 2013)

ADOS-2 & ADI-R

Autism Diagnostic Observation Schedule (ADOS-2)

- 12 months and up
- Semi-structured & standardized
- Play-based activities
- 40-60 min
- Provides “classification” based on child’s age and raw scores

(Lord et al., 2012)

Autism Diagnostic Interview Revised (ADI-R)

- Mental age 2+
- Standardized caregiver interview
- 90-150 min
- Provides cut-off scores in diagnostic areas based on child’s age

(Rutter et al., 2003)

Longitudinal Reliability

- Percent agreement of diagnoses at 2 and 9 years of age was 67%
- Change primarily due to shifts from pervasive developmental disorder not otherwise specified to autism.
- At 2-years, measures most strongly predictive:
  - ADI-R
  - ADOS

(Lord et al., 2006)

Additional Measures

Other measures had issues including:

- Poor sensitivity
- Lack of specificity
- Limited evidence-base
- Methods that may introduce bias

Use additional measures to supplement, not as your primary basis for determination.

(Falkmer et al., 2013)

Social Responsiveness Scale (SRS-2)

- Examines social impairments specific to ASD
- Ages 2.5 years through adulthood
- 15-20 mins

Advantages:

- Different scoring for screening vs. clinical use, as well as for male vs. female
- Standard scores can be derived (T-scores)
- Highly studied

Disadvantages:

- More of a screening instrument

(Constantino, 2012)

Social Communication Questionnaire (SCQ)

- Identification of some core ASD symptoms
- For ages 4.0 years through adulthood
- < 10 mins

Advantages:

- Derived from the ADI-R
- Very quick
- Has Current and Lifetime form

Disadvantages:

- More of a screening instrument
- Some items not applicable to nonverbal children

(Rutter et al., 2003)

Autism Spectrum Rating Scales (ASRS)

- Multi-informant rating scale to identify symptoms, behaviors, and associated features of ASD
- For 2-18 years
- 20 mins

Advantages:

- Can derive standard scores based on national standardization sample
- Also has a screening version available
- Has a DSM-5 scoring update
- Strong psychometrics

Disadvantages:

- Despite strengths it cannot stand alone

(Goldstein & Naglieri, 2009)

Gilliam Autism Rating Scale (GARS-3)

- Multiple raters' scores estimate presence & severity of ASD symptoms
- For 3-22 years
- 5-10 mins

Advantages:

- Brief
- Multiple raters

Disadvantages:

- Weaknesses in standardization and norming procedures

(Gilliam, 2013)

The Childhood Autism Rating Scale (CARS-2)

- Direct observation procedure
- For 2+ years old
- 5-10 mins (after observation completed)

Advantages:

- Brief
- Has a HF version
- Also has a parent questionnaire (unscored) for developmental info
- Relatively strong correlations with ADOS scores

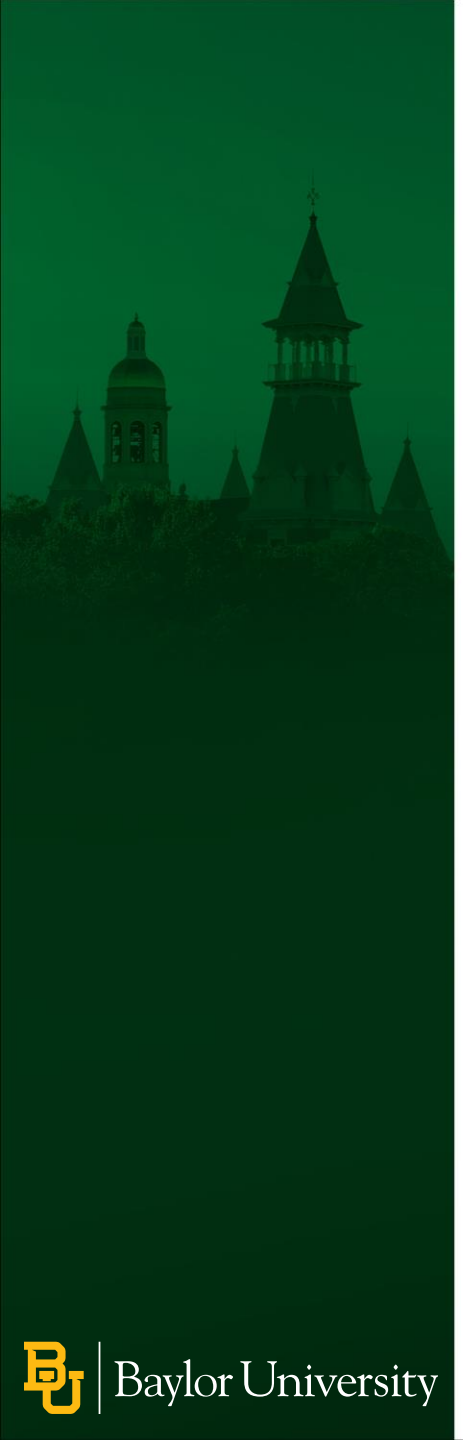
Disadvantages:

- Score interpretation often incorrect; scores are relative to others with ASD (NOT to TD children)

(Schopler et al., 2010)

Ethical Dilemma: Assessment

Step 6: Consider alternative solutions and the likely consequences of each.



Other Domains to Assess

- Background history (e.g., milestones, trauma, medical)
- Speech and language skills
- Adaptive Skills
- Cognitive abilities
- Academic Skills
- Emotional functioning
- Outside Reports

Comorbidities

Comorbidities increase as children age and frequently include:

- Intellectual disabilities
- Learning disabilities
- Anxiety
- Depression
- ADHD
- Avoidant/restrictive food intake disorder

(APA, 2022)

ASD vs. ID

- Often difficult to differentiate in very young children or non-verbal individuals
- When conducting cognitive testing consider language-load and floors
- ASD dx may be appropriate for individuals with ID when social communication and interaction skills are significantly lower than other adaptives
- If all adaptives are uniformly low, ID alone may be more appropriate

See Handout!

(APA, 2022)

ASD vs. Speech/Language

- Speech or language difficulties can impact socialization to some extent
- However, not usually associated with atypical non-verbal communication or restrictive/repetitive behaviors and interests

(APA, 2022)

ASD vs. ADHD

- Most common comorbidity
- May be difficult to differentiate
    - Children with ADHD may have social difficulties
    - Children with ASD may struggle with hyperactivity or attention
- ADHD not associate with restrictive/repetitive symptoms
- Consider ADHD and ASD when symptoms of ASD are present and hyperactive/inattention difficulties significantly exceed similar children with ASD

(APA, 2022)

ASD vs. Anxiety

- Significant overlap, particularly for individuals with social anxieties
- Consider differences across settings and raters carefully
- Pay attention to early development
- May be comorbid:
    - 30% ASD + specific phobia
    - 17% ASD + social anxiety and agoraphobia

(APA, 2022)

ASD vs. OCD

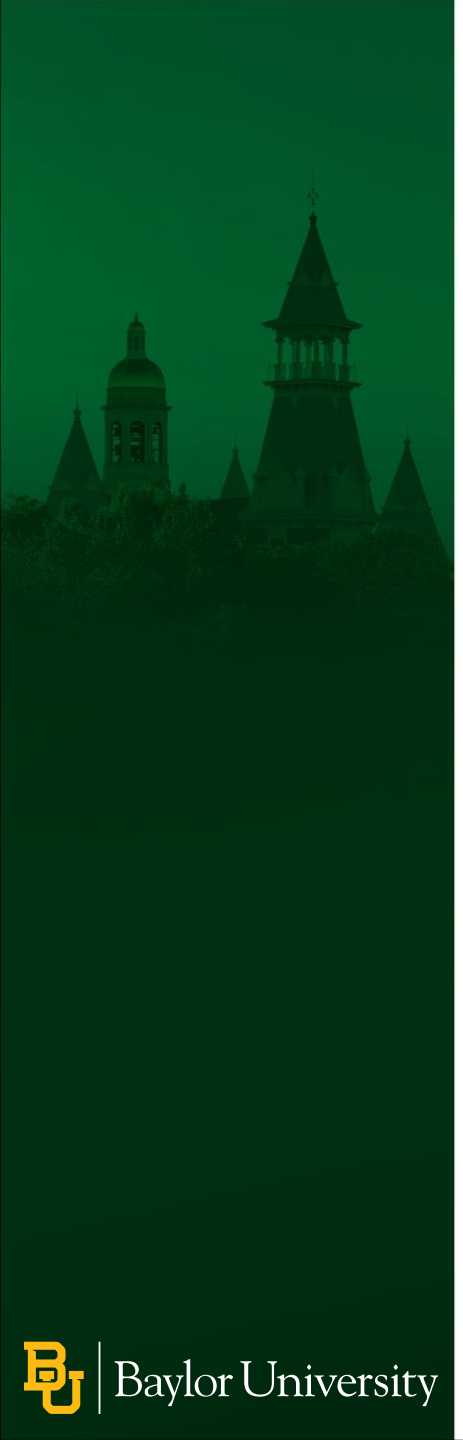
- Both feature repetitive behaviors as core characteristics
- OCD behaviors are associated with intrusive thoughts and avoidance of a feared outcome
- ASD behaviors commonly more associated with self-reinforcing motor movements or insistence on sameness

(APA, 2022)

ASD vs. Trauma

- Less studied area
- PTSD symptoms in children often involve both avoidant behavior and repetitive play themes
- Important to screen for trauma
- Children with neurodevelopmental disabilities are 1.6 - 2.2 times more likely to experience neglect, physical abuse, or sexual abuse

(Stavropoulos et al., 2018)



Ethical Dilemma: Assessment

Step 7: Select a course of action and assume responsibility for this decision.

Common Errors in the Process

- Administration & Scoring
- Components of the FIE
- Need for an IEE
- Autism supplement
- Educational need

Handout Question #2

What are the strengths of your current ASD battery? What do you want to KEEP doing, STOP doing, START doing?

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Take Home Points

- Diagnostic & Eligibility Criteria
- Early Screening
- Best-Practices in Assessment
- Comorbidities and Differential Diagnosis

Break

Gender Differences in ASD

Take Home Points

- Review of Characteristics
- Girls Flying Under the Radar: Why?
    - Sociocultural Influences
    - Camouflaging
    - Masking
- How Girls are Different
- Practice Implications

Current DSM-5 Criteria

- **<u>Social communication</u> and social interactions (need 3/3)**

- **<u>Restricted, repetitive patterns of behavior, interests, or activities (RRBI)</u> (need 2/4)**

Quick Review.....

Diagnostic Criteria

Social and Communication (**Need all three**)

1. Reciprocal interactions
2. Nonverbal communication
3. Relationship management

1. What do reciprocal interactions entail?

- **Initiating interactions**
- **Back and forth flow**
- **Being reciprocal in conversation**
- **Sharing and showing interest**
- **Getting in someone else's head**
- **Understanding others' intentions**

(Not just doing these things, but HOW we do them and how EFFORTFUL THEY ARE)

(Henderson, 2022)

What do reciprocal interactions entail?

HOW EFFORTFUL THEY ARE:

"My brain is working twice in the conversation, taking in and understanding and responding to what everyone is saying, and also thinking about what I said and how everyone reacted, and what I will say next, and thinking about how this is the same or different as other conversations I've had and if I have it again how would it go. It feels like my brain has to work during conversations." *— girl client*

(Henderson, 2022)

2. What do nonverbal communications entail?

- Eye contact
- Facial expressions
- Gestures
- Reading other people's nonverbals
- All require constant integration
- Sensitive to emotional tone

(Henderson, 2022)

3. What does relationship management entail?

- Making friends
- Keeping friends
- Developmental level
- Quality and pattern of friendships
- Understanding of relationships
- Social flexibility
- Conflict management
- Social motivation

(Henderson, 2022)

What does relationship management entail?

"My soul longs for connection, but my body longs for isolation. I crave community and connection, but my body doesn't hold up well to them. That is a really core part of the Autistic experience for a lot of people. There's a lot of grief in that, and I think that's misunderstood by many people, including Autistic people."

— Autistic psychologist Megan Anna Neff

(Henderson, 2022)

Current DSM-5 Diagnostic Criteria

<u>Restricted, repetitive patterns of behavior, interests, or activities (RRBI)</u> (need 2/4)

1. Repetitive or unusual behavior
2. Inflexibility
3. Interests
4. Sensory

Misdiagnosis or Missed Diagnosis:

- **ASD is diagnosed four times more frequently in boys than girls (Hiller, 2014).**
- **In addition to being diagnosed less, girls with high-functioning ASD are, on average, also diagnosed later than boys (Hiller, 2014).**
- **A delay in identification equals a delay in care for ASD patients and is known to be related to more emotional and developmental difficulties.**

(Hiller et al., 2014)

Girls Are Flying Under the Radar

How do we account for the discrepancy?

(Young et al., 2018)

How we miss ASD in girls?

- Sociocultural Influences
- Camouflaging
- Female Masking
- Our Biases

Influences on ASD Identification

Sociocultural Influences:

Parents:

- Expectations concerning girls and boys commonly differ in verbal interactions, games played at home, and empathy.

- Some people think girls are coached differently due to culture-based gender role expectations that drive girls to censure behaviors, mimic salient gender-normative behaviors, emulate social behaviors, and adopt social scripts.

(Liu et al., 2015).

Influences on ASD Identification

Sociocultural Influences:

Teachers:

- During school, the subtlety of girls' difficulties makes them less recognized.
- Girls with ASD show fewer problematic behaviors than boys. During class, they behave more discreetly and therefore do not draw attention.
- Girls often have friends of the same age to take care of them, so social deficits can be masked (Young et al., 2018).

(Liu et al., 2015).

Influences on ASD Identification

Sociocultural Influences:

Our Biases:

Over-reliance on our experience of the client in a one-on-one testing environment and/or the influences from school personnel.

"For girls, it was <u>not</u> that there was <u>no</u> impairment present, but that the behavior was not as impaired as the clinician would expect for a 'typical' ASD impairment."

(Hiller et al., 2014)

Challenges Diagnosing ASD in Girls

Camouflaging

- Refers to strategies and behaviors to cope within, mimic, fit in, and adapt to the everyday social world, thereby 'camouflaging' their autistic differences and difficulties (Cook, 2021).
- Remember, there is a **cost** to camouflaging. It can take up cognitive resources and can be stressful and/or exhausting.
- Camouflaging and unmet support needs appear to be risk markers for suicidality unique to ASC. (Cassidy, et al. 2018)

(McQuaid et al., 2022)

Challenges diagnosing ASD in girls

Female Masking Symptoms of ASD

- **Females try to hide their deficits with a great deal of energy and show great determination to learn social and societal norms and nuances.**

(McQuaid et al., 2022)

Specific Sex Differences in ASD

Sex Differences in ASD (Hiller et al. 2014)

- In this study, numerous differences were evident in how boys and girls displayed symptoms.

- Information was gathered from the diagnostic assessments and reports of 69 girls and 69 boys all diagnosed with high-functioning ASD.

- The DSM criteria, review of various assessments, and specific behaviors were reviewed, and Table 1 was created.

(Hiller et al., 2014)

Sex Differences in ASD (Hiller et al. 2014)

Research on Sex Differences

See Handout!

J Abnorm Child Psychol (2014) 42:1381–1393

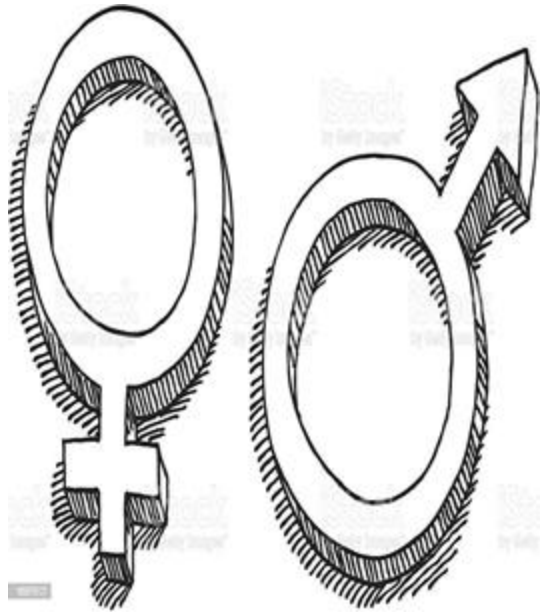
Table 1 Results of logistic regression analyses, controlling for age, for the behaviour predicting sex

		Chi-square (df)		ExpB [95 % CI]	
Criterion	Behaviour	Overall	Criteria Not Met	Criteria Somewhat Met	Criteria Met (constant)
Social-emotional reciprocity	Social approach**	6.64(2)	6.93[0.76, 62.90]	2.45**[1.06, 5.70]	1.16[0.45, 2.97]
	Reciprocal conversation*	23.90(2)	25.54*[3.05, 214.11]	6.79*[2.83, 16.32]	0.55[0.18, 1.68]
	Sharing of interests*	9.70(2)	4.66*[1.70, 12.81]	1.23[0.53, 2.84]	0.82[0.29, 2.34]
	Emotion and affect	9.33(2)	–[a]	0.68[0.39, 2.22]	1.21[0.47, 3.10]
	Initiation of interaction	5.43(2)	–[b]	3.29**[1.21, 8.93]	1.87[0.75, 4.71]
Non-verbal communicative behaviour	Integration of verbal/nonverbal behaviour*	9.14(2)	4.94*[1.67, 14.61]	1.05[0.43, 2.55]	0.84[0.28, 2.48]
	Eye contact	4.14(2)	2.55**[1.02, 6.39]	1.14[0.50, 2.59]	1.14[0.45, 2.86]
	Facial expressions	1.88(2)	1.67[0.52, 5.31]	1.69[0.72, 3.93]	1.08[0.43, 2.69]
	Nonverbal understanding	0.31(2)	–[c]	1.40[0.43, 4.53]	0.81[0.29, 2.27]
Developing and maintaining friendships	Adjusting behaviour for situation*	16.22(2)	17.17*[2.08, 141.99]	12.57*[2.62, 59.48]	0.53[0.23, 1.93]
	Sharing behaviour	5.18(2)	4.85**[1.24, 18.88]	1.22[0.54, 2.73]	1.13[0.46, 2.77]
	Imagination*	17.13(2)	6.10*[2.42, 15.39]	4.23*[1.64, 11.23]	0.60[0.21, 1.68]
	Making friends*	9.40(2)	4.03[0.90, 18.02]	3.10*[1.42, 6.74]	1.11[0.47, 2.66]
	Interest in people**	8.74(1)	3.13**[1.44, 6.76]	–	0.60*[0.37, 0.96]
Stereotyped/repetitive behaviour	Speech	2.45(2)	2.01[0.79, 5.11]	1.10[0.48, 2.52]	1.02[0.37, 2.83]
	Movement	4.14(2)	2.53[0.99, 6.45]	1.79[0.81, 3.93]	0.80[0.30, 2.10]
	Use of objects*	9.68(2)	6.38*[1.90, 21.41]	0.96[0.42, 2.17]	1.36[0.57, 3.25]
Excessive routine adherence	Routine adherence	3.29(2)	0.23[0.05, 1.13]	0.96[0.42, 2.19]	1.49[0.63, 3.53]
	Managing change	1.93(2)	0.47[0.11, 2.06]	1.43[0.61, 3.37)	1.52[0.62, 3.71]
Restricted/fixated interest[d]	Type of interest	–	–	–	–
Sensory sensitivity		2.17(2)	3.04[0.69, 13.38]	1.18[0.49, 2.84]	1.38[0.55, 3.46]

Note 0.05 % CI for ExpB calculated from B(SE) and converted for ease of interpretation

Similarities and Differences in ASD

Importantly, boys and girls reportedly suffered equally from a lack of social understanding (e.g., the ability to interpret nonverbal cues), but these problems tend to manifest differently in boys and girls.



(Hiller et al., 2014)

Autistic Boys

The overt and externalizing behavior impairments often influence a decision to explore a potential ASD diagnosis.

Current diagnostic criteria has focused on how these behaviors are manifested in males.

(Hiller et al., 2014)

Diagnostic Criteria & Sex Differences

1. Reciprocal Interactions: How Girls are Different

- More likely to have better functional social behavior
- More likely to be engaged and chatty
- More likely to *look like* they blend in on the playground

(Henderson, 2022)

Diagnostic Criteria & Sex Differences

Behind the Mask YouTube

https://www.youtube.com/watch?v=Tbes1mm2VgM

Diagnostic Criteria & Sex Differences

2. Nonverbal Communication: How Girls Are Different

- **Girls tend to be better at *expressive* nonverbals than autistic boys but not quite as good as non-autistic girls.**
- **Girls are more likely to make eye contact, but they might find it distracting, effortful, and uncomfortable.**

(Henderson, 2022)

Diagnostic Criteria & Sex Differences

3. Relationship management: How girls are different

- **Better expressive vocabulary (reciprocal conversation, sharing interests, integrating verbal/nonverbal behavior, imagination, adjusting behavior by situation) despite similar social understanding difficulties as males.**

- **Different manifestations of friendship problems (better initiation but problematic maintenance, overlooked rather than rejected by peers, better self-perceived and parent-reported friendships).**

(Henderson, 2022)

Diagnostic Criteria & Sex Differences.

3. Relationship management: How girls are different

- Of note, for many behaviors (e.g., friendships, conversation skills, adjusting behavior across situations) girls were less impaired, and girls have higher levels of social motivation.

- Girls are more likely to be able to initiate friendships but then they find it harder to maintain long-term friendships or relationships than autistic males, despite having similar levels of motivation for social relationships as non-autistic females.

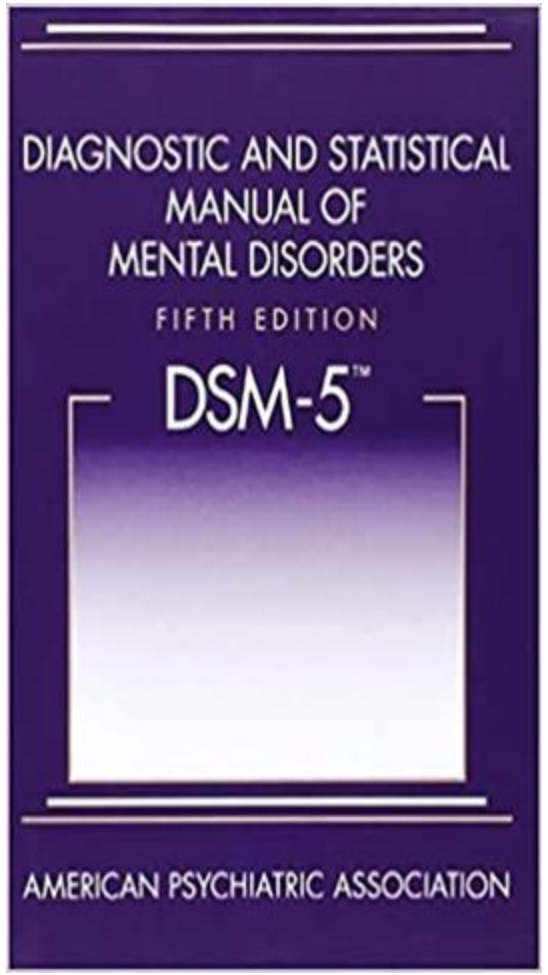
(Hull et al., 2020)

The ADOS and the Hiller et al. (2014)

- 1/3 of the girls showed the ability to integrate nonverbal and verbal gestures (was significantly predictive of being female.) Demonstration Task

- Even though girls are better at using social gestures, they are still not good at understanding and interpreting nonverbal behaviors.

- Girls reportedly present with better imagination. "From predicted odds ratios, if the child could engage in imaginative play considered typical for their developmental level, they were 3.5 times more likely to be a girl than a boy." Make-Believe Play, Birthday Party



Hiller et al. (2014)

Diagnostic Criteria

Restricted, repetitive patterns of behavior, interests, or activities (RRBI) (need 2/4)

1. Repetitive or unusual behavior
2. Inflexibility
3. Interests
4. Sensory

See Handout!

Diagnostic Criteria

1. Repetitive or unusual behavior: How girls are different

- Fewer and more subtle
- Pacing, walking the perimeter, circling
- Twirling
- Same book/movie/TV show over and over
- Countless others

(Henderson, 2022)

Diagnostic Criteria

2. Inflexibility: How girls are different

- Internalize more than externalize
- Fewer behavioral problems
- More perfectionism

(Henderson, 2022)

Diagnostic Criteria

3. Interests: How girls are different

- Tend toward typical but intense interests
- More likely to be about people/animals rather than info/objects

(Henderson, 2022)

Diagnostic Criteria

4. Sensory Differences: How girls are different

There can be:

- Hyper-responsivity
- Hypo-responsivity
- Seeking/craving
- Unusual sensory experience

(Henderson, 2022)

Differences in Broad Social Criteria

- Social-emotional reciprocity
- Non-verbal communicative behavior
- Developing and maintaining friendships
- Stereotyped/repetitive behavior
- Excessive routine adherence
- Restricted/fixated interests

See Handout!

(Hiller et al., 2014)

This is good to know, but what can I do?

Question the quality and intensity of interests.

Examples:

- ‘‘Is this activity causing social or academic problems?’’
- ‘‘Is this activity inhibiting investment in other activities?’’
- ‘‘What happens when you prevent her from doing this activity?’’

Hiller et al., (2014); Lai et al., (2015)

This is good to know, but what can I do?

Beggiato et al. (2017) showed that items on the ADI-R show a significant difference between boys and girls. Pay close attention to the following:

- The variety of facial expressions used to communicate,
- Different imaginative play with objects,
- Less restricted, repetitive patterns of behavior, interests, or activities,
- Less noticeable but unusual preoccupations.

Beggiato et al., (2017)

So, what is the main point?

If a girl who is referred for an autism assessment does not score high on the ADOS, we must dig deeper. We do not want to throw the baby out with the bath water" and miss diagnosing ASD in a girl just because she does not score high on the ADOS.

Take Home Points

- Review of Characteristics
- Girls Flying Under the Radar: Why?
    - Sociocultural Influences
    - Camouflaging
    - Masking
- How Girls are Different
- Practice Implications

Reflection: Question #3
Gender Considerations & Autism

- What do I want to **keep** doing?
- What do I want to **start** doing?
- What do I want to **stop** doing?
- What do I want to **learn more about**?

Cultural Considerations & Autism

Take Home Points

- "Culture" is a rich and complex construct; it is not just demographic information.
- Core features of autism are culturally defined and may vary cross-culturally.
- Children from marginalized groups are less likely to have accurate and timely identification, including at school.
- Disparities in identification → disparities in intervention → disparities in outcomes = social injustice.
- Our assessment practices contribute to these disparities.
- We have opportunities to change our practices and improve outcomes for children.

Terms to Know

- SCLD = socioeconomic, cultural, & linguistic diversity
- Marginalization (Garrett, n.d.)
- Nomothetic and idiographic
  - "between persons"/group vs. "within persons"/individual
- Definition of *culture*?
- Intersectionality (Crenshaw, 1989)
- Positionality (Holmes, 2020)

Thought Break:

Take a few moments to develop your own positionality statement.

How We "See"

- Our own cultural lens
- Distinctly Western views on typicality and atypicality
- Affects all aspects of our jobs
  - Approaches to assessment process
  - Interviewing
  - Instrument selection
  - Interpretation of data
  - Feedback sessions
  - Interactions with others, including parents
- Affects *others*, including children's access to accurate and appropriate services

Differences in Autism Identification?

- Diagnostic prevalence vs. actual incidence
- Consistent differences in prevalence rates in White children vs. those from marginalized groups (Durkin et al., 2017; Maenner et al., 2020)
- Racial and ethnic differences in school-based AU identification, as well (Dyches et al., 2004; Morrier & Hess, 2012; Nevison et al., 2019; Sullivan, 2013; Travers et al., 2013)
- Socioeconomic differences (Durkin et al., 2017; Nevison & Parker, 2020)
- Less likely diagnosis and identification among children in rural areas (Ning et al., 2019)

Is Anything Changing?

- Narrowing rate differences between Black and White children, though age at diagnosis is later for Black children
- Hispanic/Latinx children less likely to be identified, and identified later

(Maenner et al., 2020)

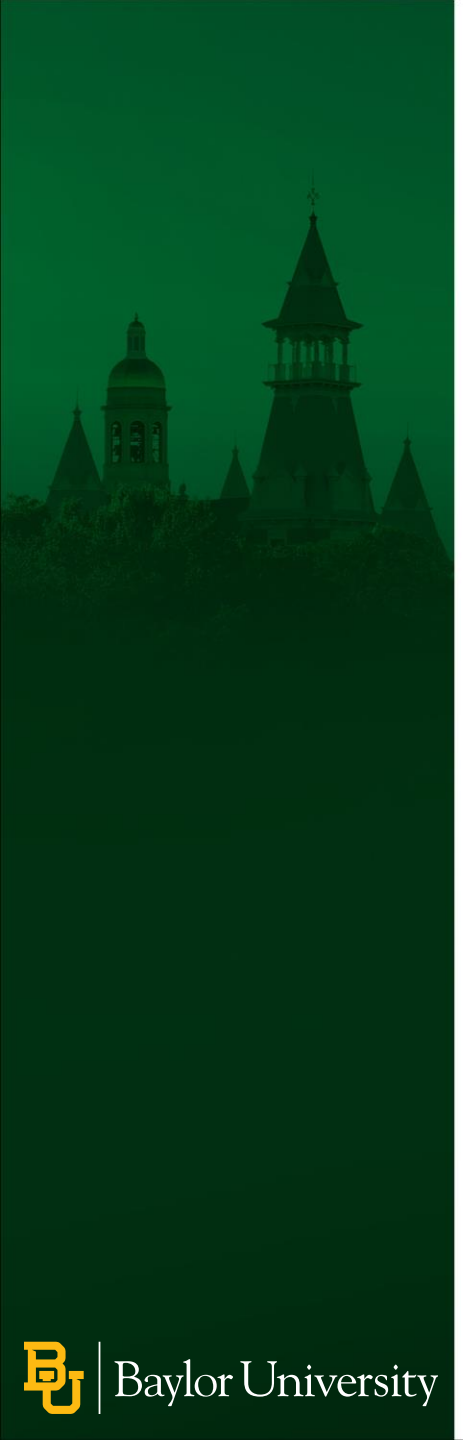
- Since 2014, increasing prevalence in Black children and Hispanic/Latinx children (Yuan et al., 2021)
- Particular increases in school-based AU identification (Nevison & Zahorodny, 2019)
- Increasing identification among White children from low-SES communities (Nevison & Parker, 2020)

Special Note: Children from AA/PI groups

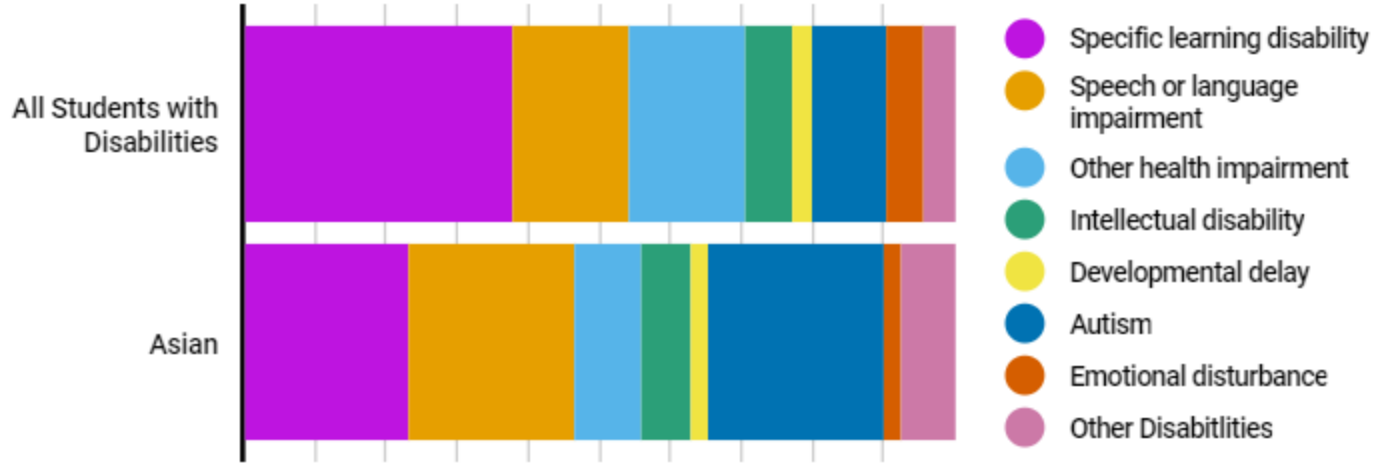
- AA/PI = Asian American/Pacific Islanders– extremely diverse categorization
- Damaging and socially unjust phenomena
  - Invisibility, Model Minority Myth
- Often omitted in research (Nevison & Parker, 2020; Sullivan, 2020)
- Over-representation in AU category (USDOE, 2020)
  - Data over-aggregation
  - **Inappropriate evaluation**

→ *See Truong et al. (2022) for cultural considerations in school-based autism assessment with AA/PI students*

See Handout!



Percentage of Students with Disabilities, Ages 6 to 21, by Race and Ethnicity and Disability Category, Served Under IDEA, Part B, in the US, Outlying Areas, and Freely Associated States: SY 2018-19



In school year 2018-19, Asian students are more likely to be identified with speech or language impairment and Autism and less likely to be identified with specific learning disability than all students with disabilities.

IDEA Part B Child Count and Educational Environments for School Year 2017-2018, OSEP Data Documentation. https://go.usa.gov/xd8WE

Why the Identification Differences??

- Reasons vary depending on racial, ethnic, and socioeconomic group
- Some commonalities:
  - Social skills and behavioral expectations are culturally-bound
  - Language differences
  - Family and culturally-specific *strengths* are often overlooked (e.g., Burkett et al., 2015, 2017)
  - Referred less often for autism concerns (Begeer et al., 2009)
  - Concerns dismissed by providers (Bishop-Fitzpatrick & Kind, 2017)
  - Parents' concerns vary (e.g., Daley, 2004)
  - Inequitable, confusing service navigation demands (Zuckerman et al., 2017)
  - Using inappropriate measurement approaches and instruments (Bishop-Fitzpatrick & Kind, 2017; Donohue et al., 2019)
  - Implicit bias in evaluations (Begeer et al., 2009; Burke et al., 2016)

"Measured" Differences?

- Cognitive and language/communication scores are lower for children from marginalized groups (Chaidez et al., 2012; Landa & Garrett-Mayer, 2006)
- Non-functional routines and persistent occupation with parts of objects more likely in White children (Sell et al., 2012)
- Cross-culturally, differences have been found in:
  - Sensory functioning (Caron et al., 2012)
  - Social skills (Sipes et al., 2012)
  - Challenging behaviors (Chung et al., 2012)
  - ASD symptom manifestation (Freeth et al., 2014; Matson et al., 2011, 2017)

→ Consider: Are these true differences, or a function of cross-cultural biases within the instruments or how we use them?

Social Communication Expectations are Culturally Defined

- Eye contact
- Pointing with index finger
- Pretend play
- Public displays of emotion
- Interest in peers
- Engagement with dolls

(e.g., Zhang et al., 2006, Carter et al., 2005, Fugita et al., 1974; Schofield et al., 2008; Norbury & Sparks, 2013)

- Concerns of parents from different racial and ethnic groups differed in terms of *type* and *intensity* (Issarraras et al., 2018)

Cultural Variability in….

- Expressed emotion
  - Facial expressiveness
  - Recognizing others' expressions
- Language use
  - Nonverbal cues
  - Vocal volume
  - Body orientation and physical proximity during conversation
  - Conversational rules are culture-bound (e.g., turn-taking, interrupting, appropriate topics, humor)
  - Expectations in frequency and type of child-adult conversations
- Play
  - How or whether children play with parents
  - Play with unfamiliar adults

It is difficult to define what is “normal” in terms of social and communication behaviors…

Which are the focus of autism criteria and assessment.

<u>WE MUST</u>

- Avoid *pathologizing* cultural aspects of presentation (i.e., miss cultural factors)

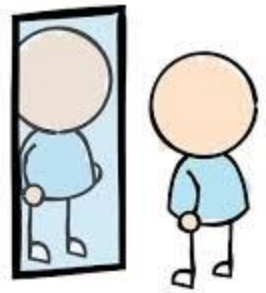
<u>AND ALSO</u>

- Avoid *over-ascribing* presentation to cultural differences only (i.e., miss autism symptoms)

Thought Break:
With these points in mind,
how can I “change my lenses”?

Where to Begin? Self-Reflection

- How does my own cultural identity, power, and privilege affect my work with SCLD students?
- How might implicit bias affect my own assessment practices?
- Am I striving toward cultural humility or focused only on cultural competence?
- Am I attending to culture as a construct beyond race and ethnicity, and in terms of intersectionality?
- What do I know about this child's cultural background? About the culture itself?
  - Reading/research
  - Cultural consultant

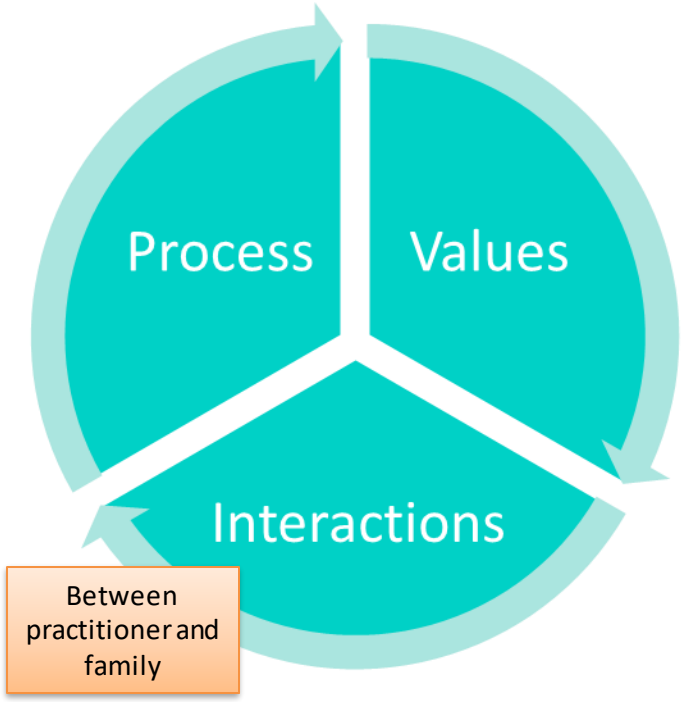


Cultural Competence v. Cultural Humility

Cultural Competence	Cultural Humility (Tervalon & Murray-Garcia, 1998)
An "end" goal or product	A lifelong learning process
Objective set of best practices	Subjective set of best practices
Focuses on ways of doing multicultural work	Focuses on practitioner's multicultural orientation and on ways of *being with* persons that prioritizes and values diverse identities
Expert stance/hierarchy	Collaborative/non-hierarchical

Mosher et al. (2017)

Cultural Humility



- "A process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals" (Foronda et al., 2016, p. 21)

1. Lifelong motivation to *learn from* others
2. Critical self-examination of cultural awareness
3. Interpersonal respect
4. Developing mutual partnerships that address power imbalances
5. An other-oriented stance open to new cultural information

Mosher et al. (2017)

TABLE A1 Reflection questions to promote cultural humility and socially just assessments

What are my automatic thoughts and beliefs when working with Black students?
Am I looking at the presenting problems from all potential angles?
Did I consider the individual and cultural values and beliefs of the child and family?
In what ways can I assess *all* areas of educational need (i.e., cognitive, academic, social, communication, and behavioral)?
Do I incorporate new information regarding diversity into my service provision in a way that facilitates a change in MY OWN behavior?
How will I handle pushback from colleagues when I engage in antiracist, social justice work for Black autistic youth?
How will I engage in difficult conversations with others to ensure equitable services?
How will I effectively and respectfully challenge thoughts, behaviors, and processes that lead to disparities for Black children with ASD?

See Handout!

→ From Ramclam et al. (2021) article *Autism Disparities for Black Children: Acknowledging and Addressing the Problem Through Culturally Responsive and Socially Just Assessment Practices*

Practice Implications: Testing

- Manuals often exclude racial demographics; ELs often excluded from norming samples (Harris et al., 2014)
- Few diagnostic and screening tests make CLD adaptations (Harris et al., 2014)
  - ADOS authors urge evaluators to consider cultural context
  - ASRS can be administered orally if limited English proficiency
  - ASQ:SE (screener) "considers family and cultural values and eliminates questions that are inappropriate based on culture"
- Their conclusion?
  - **Overall, "current ASD assessment tools were found to be inadequate for use with [SCLD] populations" (Harris et al., 2014, p. 1283)**
- Item-level information may be more helpful than scores (Harrison et al., 2017)
  - Provides opportunity for follow-up in parent interviews

- *Note: "linguistic adaptation" (translation) is not cultural adaptation (Harrison et al. 2017)*

Reminder: Adaptive Behavior should be included in ALL autism-focused evaluations

Practice Implications: Observations

- Naturalistic observations are essential; consider home-based observations and observations of child interacting with individuals who are fluent in their native language
- Multiple observations necessary, in structured and unstructured settings
- Caution with ADOS-2 use in diverse groups:
  - Significant item-level biases found on 3 items (Harrison et al., 2017)
    - Unusual eye contact
    - Stereotyped/idiosyncratic use of words or phrases
    - Immediate echolalia
  - Does not collect information about functional social skills (e.g., social skills in daily and natural settings) (Harris et al., 2014)

Practice Implications: Parent Interview

- Intentionally develop respectful, authentic, and collaborative relationships with families
  - Families often encounter culturally insensitive providers when seeking autism services
- Elicit parent concerns to permit cultural explanations (La Roche et al., 2018)
- Collect information about native language development to determine presence of language delays (Harris et al., 2014)
- History of concerns that have been dismissed?
- Use interpreters consistently (La Roche et al., 2018)

SIDE NOTE

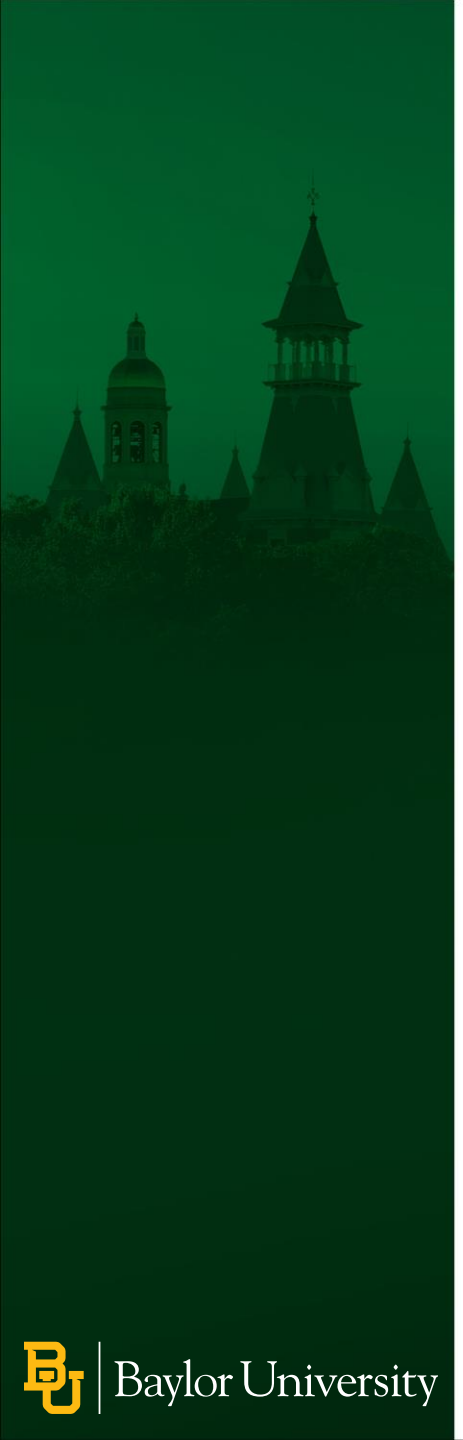
An Autism-Specific Interview: ADI-R (Rutter et al., 2003)

- Parent interview companion to the ADOS-2 (Lord et al., 2012); together these comprise "gold standard" for autism identification
- Infrequently used in clinical practice (i.e., outside of research studies)
- Current and historical patterns queried in semi-structured interview format
- Differences when used with culturally diverse families?
  - Latinx parents tend to underreport RRBIs (Magana & Smith, 2013)
  - Latina mothers reported fewer ASD symptoms than what was demonstrated during direct observation (Blacher et al., 2019)
  - Absence of information for children from other groups (Stoll et al., 2021)
- *Also: caution with ADI-R and Spanish-speaking Hispanic/Latinx families- Communication domain validity is low*

Parents' Input & Perspectives: An Invaluable Resource

- Gather thorough developmental history + current functioning information, across domains
- Consider patterns and "red flags" that require follow-up with parent interview
- Understand cultural context of parents' perceptions and reporting
- Ensure gathering of nuanced information suggestive of autism from targeted parent interview questions

→ **Ask different questions, and ask questions differently**



Providing parents with an opportunity to elaborate on their own (i.e., culturally-informed) conceptualizations of their children's needs and strengths may enhance accuracy of accurate identification of autism

Cultural Responsivity in Parent Interviews to Enhance AU Identification Accuracy

- Gather detailed parent information via written input forms
- Review this and plan for interviewing; plan to follow-up on data outside of "normal limits" or suggestive of difficulties
- "Join" with parents and gather their perspectives on their child's current difficulties (and strengths!), with a focus on the insight this provides us for their cultural conceptualizations, preferences, values, and beliefs

  → Ask questions that target empirically-supported areas highly suggestive of autism, in a way that *creates space* for parents to elaborate on their perspectives

Gather Information from Parent Input Forms

- Ensure sufficient opportunities to report on developmental milestones and *patterns over time*
- Family history of autism may be helpful
- Provide opportunities for open-ended responses
- Include strengths queries
- Query:
  - Comparison to siblings and other familiar children
  - Routines and responses to change
  - Relationships
  - Diet/eating
  - Outside service provision

Centralize Information & Plan Interview Questions

- Flag responses of concern and/or unclear responses
  - From parent input form
  - From parent rating scales (remember that some questions on standardized rating forms may have different meanings to parents)
- Consider data from other sources and organize within core areas (e.g., social communication, restricted interests/repetitive behaviors)
- May be useful to share with translator (if applicable), in advance of interview

Gather Insight on Parents'/Caregivers' Cultural Conceptualizations

The Cultural Formulation Interview (CFI)- Informant Version

- *What is it?*
  - Semi-structured interview for assessing cultural factors relevant to identification and intervention
  - Includes rationale for questions and prompts for further probing
  - Multiple components- Core + 12 Supplements
  - "Patient" and "informant" versions- use of CFI questions within school-based evaluations would require modification when used with parents/caregivers
- *Where is it from?*
  - DSM-5 (APA, 2013)
- ***Why consider using it?***
  - Increases understanding of child's cultural context; aligned with ecological-systems model
  - Conveys respect for family views and expression of clinician caring (Aggarwal et al., 2013)
  - Enhances rapport (Aggarwal et al., 2013)
- Field trial (Lewis-Fernandez, 2017) take-aways potentially relevant to our work
- *May be* useful in autism evaluations for SCLD children, especially (La Roche et al., 2018)- this has yet to be studied empirically

NOTE: The CFI is not autism-specific

Cultural Formulation Interview (CFI) – Informant Version

(APA, 2013; Adapted for School-Based Use)

GUIDE TO INTERVIEWER	*INSTRUCTIONS TO THE INTERVIEWER ARE **ITALICIZED.***
The following questions aim to clarify key aspects of the presenting problem from the informant's point of view. This includes the problem's meaning, potential sources of help, and goals and/or expectations for school-based services.	*INTRODUCTION FOR THE INFORMANT:* I would like to understand the problems that prompted this evaluation for [CHILD] so that the information we are gathering can help your child and even your family more effectively. I want to know about your experience and ideas. I will ask some questions about what is going on and how you, your family, and your child are dealing with it. There are no right or wrong answers.
RELATIONSHIP WITH THE CHILD	
Clarify the informant's relationship with the child.	1. How would you describe your relationship with *[CHILD]* ?
CULTURAL DEFINITION OF THE PROBLEM	
Elicit the informant's view of core problems and key concerns.	2. From your perspective, what was it that prompted this evaluation for your child?
Focus on the informant's way of understanding the child's problem.	
	IF INFORMANT GIVES FEW DETAILS OR ONLY MENTIONS SYMPTOMS OR A MEDICAL DIAGNOSIS, PROBE: People often understand problems in their own way, which may be similar or different from how doctors or other professionals describe the problem. How would you describe problems or difficulties that *[CHILD]* is having?
Use the term, expression, or brief description elicited in question 1 to identify the problem in subsequent questions (e.g., "being a little behind", "not getting along with other kids", etc.).	

See Handout!

Integrate Parent/Caregiver Interview Information with Other Assessment Data

- Not a formula or a checklist
- Process, undergirded by a stance of curiosity and cultural humility
- Info from the parent/caregiver interview process can help see data collected through a different “lens”
  - Organize your data– including parent/caregiver interviewing– in alignment with autism-related domains
  - Caution against stereotyping, pathologizing culture, AND of over-ascribing patterns to cultural nuances
- Parent/caregiver interview data collected in this way can also inform selecting meaningful intervention targets, as well as cultural tailoring and acceptability

Principles That Apply Across Complicated Autism Cases

Before Evaluation

- Commit to challenging assumptions (own, others')
- Update specific knowledge
  - Autism
  - Age, sex, SCLD
- Consider parsimony during record review
- **Establish trust and rapport with parents**
- **Recognize stigma about autism that may exist, as well as the nature of the family-school relationships**

During Evaluation

- Increase frequency and quality of observations
- **Ask different parent interview questions, and ask a different way**
- Caution with teacher measure scores
- Reconsider "standby" instruments, including use of scores
- Consider research measures (careful!)
- Avoid abandoning measurement, but use with caution

After Evaluation

- Include in report information about complexity of case and state of current research
- Recommend thorough re-evaluation
- Avoid prognosticating during parent feedback session
- **Use parents'/caregivers own words to describe their children's behaviors**
- **Check for understanding and questions from parents**
- **Connect with resources**
- Ensure identification information is useable during intervention

Ethical Considerations

- Social justice connection with ethical practice
- Test fairness
  - Instrument norming groups
    - Representation & generalizability/external validity
  - Interpretation of test data
- Competence
- Informing intervention acceptability

Resources for Further Learning

- International Society for Autism Research's Summer Institute 2021, focusing on autism and intersectionality
- Autism in Black website
- The Color of Autism
- Autism Speaks' autism resources in multiple languages

Take Home Points

- "Culture" is a rich and complex construct; it is not just demographic information.
- Core features of autism are culturally defined and may vary cross-culturally.
- Children from marginalized groups are less likely to have accurate and timely identification, including at school.
- Disparities in identification → disparities in intervention → disparities in outcomes = social injustice.
- Our assessment practices contribute to these disparities.
- We have opportunities to change our practices and improve outcomes for children.

Reflection: Question #4
Cultural Considerations in ASD

- What do I want to **keep** doing?
- What do I want to **start** doing?
- What do I want to **stop** doing?
- What do I want to **learn more about**?

Lunch

School-Based Intervention

Take Home Points

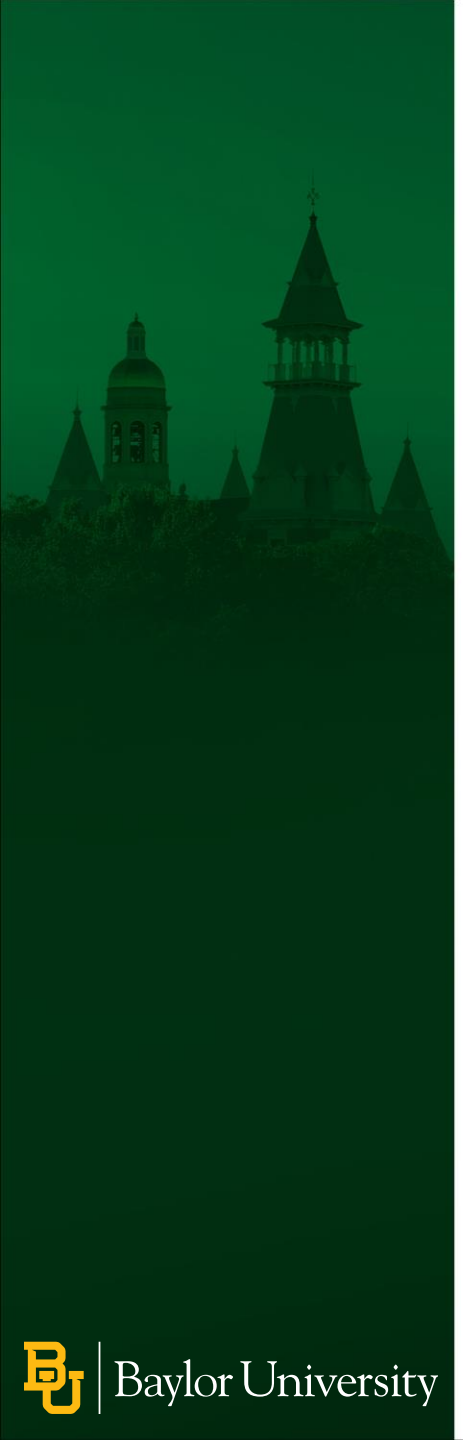
- School-based intervention is critical for students with autism
- MDTs can systematically organize data to inform appropriate intervention selection
- Student strengths and interests should be integrated into intervention
- Many general principles and approaches useful for autistic learners
- Using interventions designed for kids with autism is ideal, but there are ways to tailor interventions to create a better "fit"

Why are School-Based Interventions Critical in Autism Care?

- Families rely heavily on schools for autism-focused services (Gibson et al., 2017; Lord et al., 2020; Mire et al., 2019; Thomas et al., 2007)
- Ecological validity is higher than non-school services (Stitcher et al., 2004)
- Social justice mechanism (Bilaver et al., 2020; Gutkin & Song, 2013; Mire et al., 2019)

Assessment → Intervention

- Assessment data informs eligibilities (e.g., IDEA) and diagnoses (e.g., DSM-5)
- **But assessment is a process, not event**
- Helps identify *and prioritize* intervention targets
- Permits monitoring progress for implemented intervention– whether, when, how to change
- Must include strengths



*"Why" a child is struggling (e.g., he has autism) is not as important as the **"how"** he is struggling (e.g., he cannot shift tasks easily, he cannot complete group work, etc.) and the **"what needs to be done"**.*

Baylor University

Intervention & Neurodiversity

Leadbitter et al. (2021)

- Intervention purpose = overcome problems to reach potential, and thrive… "teach normative behavior" (operationalization?)
- Self-advocates' opposition to interventions that make children "less autistic"…or any early intervention at all
- "Curative agenda" is no longer acceptable
- Consider the motivations underlying ASD intervention
  - Information from the autistic community itself
  - Consideration of what causes distress, affects QOL
  - Promote strengths, well-being, social connection, learning, communication, autonomy
  - Reduce impairments, barriers
  - "Attend to the needs, preferences, and priorities of autistic people…. Ensure interventions address the things that matter most to the recipients."
- **Increasingly, interventions that target the *environment* (e.g., understanding acceptance, accommodation, inclusion, etc.) are emerging**

"Evidence-Based Intervention"

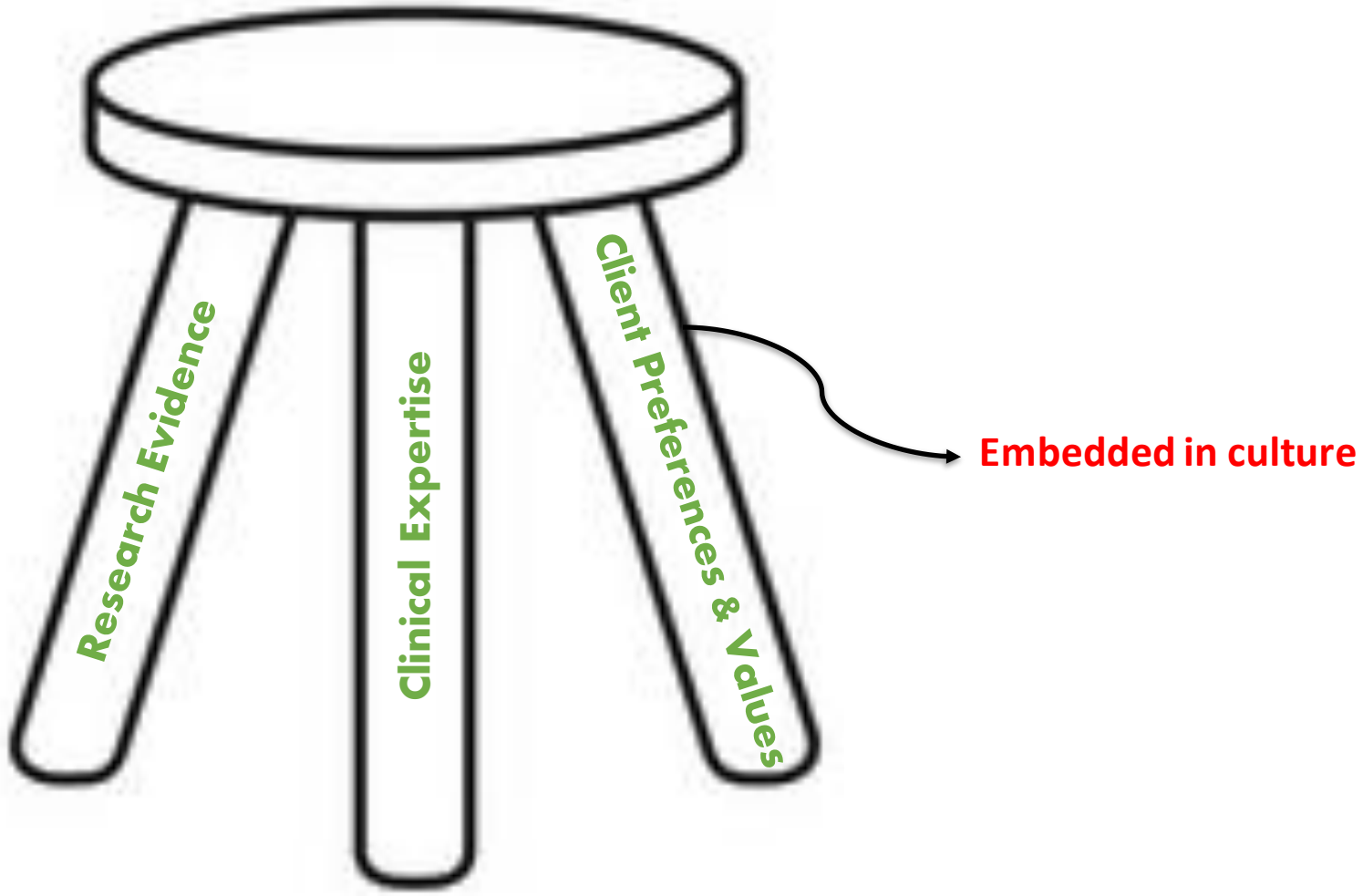
- "EBI for autism" ≠ works for every child with autism
  - What do we know that we can apply to *this situation* to allow us to achieve the *best outcome* for *this child*?

- Consider "evidence-based" is relative to
  - Domains and skill targets (i.e., purpose of intervention)
  - Setting (e.g., school-based, group, individual)
  - Child characteristics (e.g., behavior, language, language level, gender, race, ethnicity, SES, etc.)

- Intervention programming for a child, <u>not for a disabling condition</u>

Evidence-Based Practice: The Three-Legged Stool

Spring (2007)



“Culture of Autism”

Mesibov, Shea, & Schopler, 2005

- ✓ Relative strength in and preference for *visual* information
- ✓ Frequent attention to *details* but difficulty understanding how those details fit together
- ✓ Difficulty *combining* ideas
- ✓ Difficulty with *organizing* ideas, materials, and activities
- ✓ Difficulties with *attention* (e.g., distractibility, shifting, etc.)
- ✓ Difficulty with concepts of *time*
- ✓ *Communication* problems (vary by developmental level; impairments in the social use of language/“pragmatics”
- ✓ Tendency to become *attached to routines*
- ✓ Very strong *interests and impulses* toward favored activities, and difficulties disengaging
- ✓ Marked *sensory* preferences and dislikes

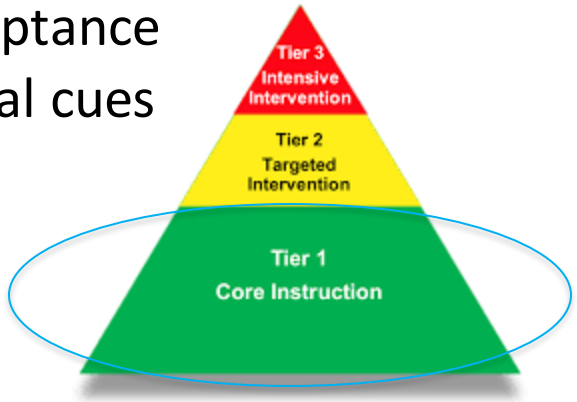
Examples of Autistic Strengths

Baron-Cohen et al., 2009; de Schipper et al., 2016; Hough & Koenig, 2014

- Attention to detail
- Visual and technical abilities
- Memory
- Staunch moral beliefs
- Creativity
- New ways of problem solving
- Trustworthiness
- Loyalty

Structuring the Environment

- Celebrate strengths of neurodiversity and promote acceptance
- Create classroom visual schedules and school-wide visual cues
- Maintain daily schedules and routines
- Pair visuals with auditory prompts
- Reduce visual and auditory distractions
- Limit word amount
- Use consistent and concrete vocabulary; avoiding sarcasm, idioms, and figurative language
- Provide explicit instruction (e.g., play, social interactions, academics, etc.)
- Allow sufficient processing time
- Permit movement activities
- Commit to scent-free zones (e.g., air fresheners, perfumes)
- Use natural lighting
- Allow for alternative seating during independent work



General Evidence-Based *Approaches* Useful for Autistic Learners

- Behavioral skills training (BST) frameworks (Dib & Sturmey, 2012)
  - Modeling
  - Practice
  - Feedback
- Embedded in naturalistic setting of the classroom as much as possible

Using Assessment Data to Inform Intervention Needs

- Minimal → intensive support
- MTSS, Section 504, IDEA
- Integrate child strengths and interests
- Consider multiple domains that affect schooling
- Use data– *including family interview information*– to identify priorities

Academic Enablers

DiPerna, 2006

- Critical precursors to academic success….
  - Interpersonal or social skills
  - Study skills
  - Motivation
  - Engagement

  →*Areas of difficulty for many autistic learners*

- …which facilitate the behaviors that lead to academic success
  - Example: maintain attention to task, organizing work (i.e., executive function skills)
  - Example: cooperating with group members to complete a project (i.e., requires multiple social and communication skills)

Domains Affecting School Functioning

- Executive functioning
- Self-regulation: Behavioral and emotional
- Adaptive behavior
- Speech, language, and communication
- Social communication and interaction
- Academic

Linking Assessment Data & Intervention

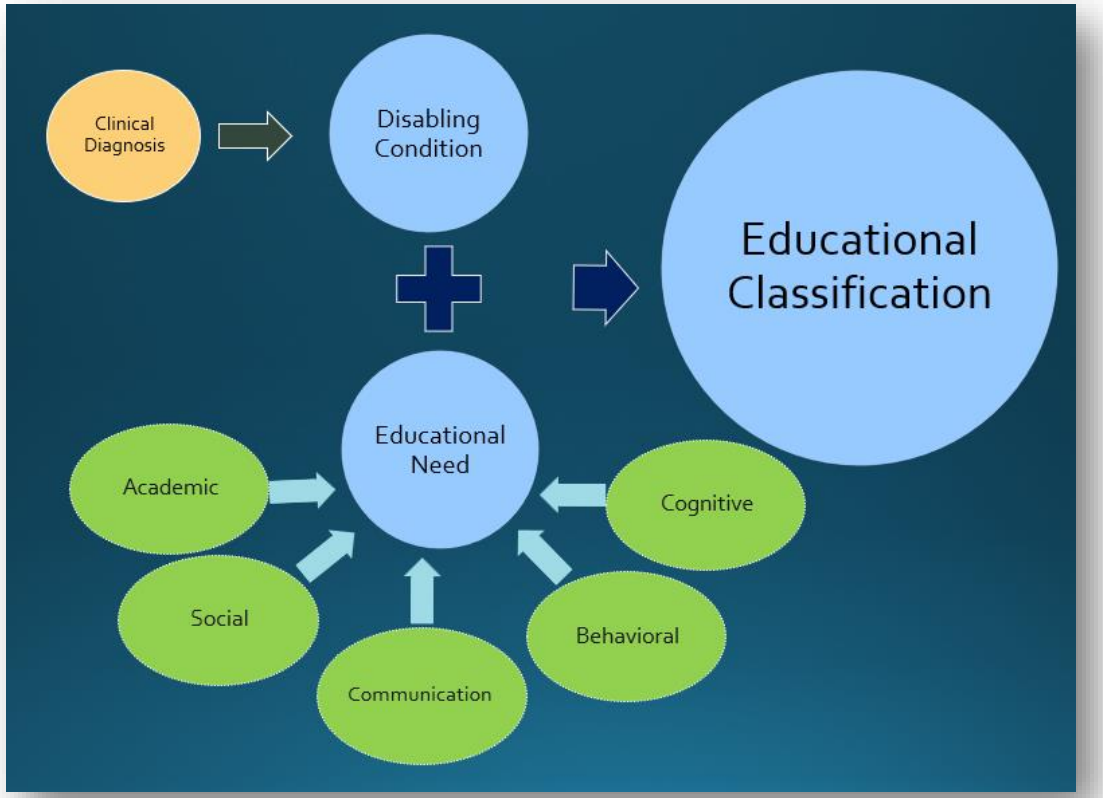
1. What data do I have about student functioning in *each domain*?

The RIOT/ICEL Matrix

	R **Review**	**I** **Interview**	**O** **Observe**	**T** **Test**
I **Instruction**	Review Instruction	Interview Instruction	Observe Instruction	Test Instruction
C **Curriculum**	Review Curriculum	Interview Curriculum	Observe Curriculum	Test Curriculum
E **Environment**	Review Environment	Interview Environment	Observe Environment	Test Environment
L **Learner**	Review Learner	Interview Learner	Observe Learner	Test Learner

(Courtesy of Heartland Area Education Agency 11, Johnston, Iowa.)

Linking Assessment Data & Intervention



2. What do these data tell me about the student's NEED for specially designed supports, services, instruction?

- Yes, this is an area of need
- No, this is not an area of need *at this time*

→ *This is often an area of difficulty for schools.*

Linking Assessment Data & Intervention

3. What are the specific targets to address the child's *need* and facilitate their access to FAPE?

- Which targets are priorities, and why?
- That is, which is creating the most need and/or where will be there be the most impact?

Linking Assessment Data & Intervention

4. What intervention(s) exist that are best suited to address the priority area(s)?

5. Of these options, which is suited to and/or can be tailored (within fidelity) to fit…

- The child's
  - Symptom presentation?
  - Cultural considerations?
- The school setting
  - Who will be implementing? (i.e., ensure acceptable, understandable)
  - Where/when will it be implemented? (i.e., ensure is feasible)

Linking Assessment Data & Intervention

6. What data are needed to determine whether the intervention is working?
   - Connection with assessment data gathered, though the FIE data may not be optimal baseline for intervention responsiveness
   - *Who* will gather *what* and *when*?
   - Must be multi-faceted

Observed School-Based Difficulties	How are these difficulties related to what is known about autism?	Intervention Focus Needed, by Domain	In-Class Strategies That May Help Support Student	Out-of-Class School-Based Intervention Considerations
MOST DIFFICULTY: shifting task	cognitive inflexibility	increase cognitive flexibility [EF]	transition warnings	Unstuck & On Target
SECOND-MOST DIFFICULTY: working with groups	managing conversations	increase conversational competence [SC]	pair with NT peer buddy	PEERS

Note: EF= Executive Functioning; SC= Social Communication; NT= Neurotypical; PEERS= Program for the Education and Enrichment of Relational Skills (PEERS®).

Figure 1. Organizing Information to Identify School-Based Intervention Targets.

From: Mire, S. S., Tan, S. X., Laakman, A., Selders, K., Stevens, M., & Nowell, K. P. (2022). School-based interventions and modifications for students with autism. In K. Banneyer & R. H. Fein (Eds.), *Autism Spectrum Disorders: Symptoms, Diagnosis, and Types of Treatment.* Hauppauge, NY: Nova Science Publishers.

Intervention = Learning

The Learning Hierarchy

(Haring & Eaton, 1978)

Stage	Emphasis	How?
Acquisition	Skill learned to accuracy	Modeling, cueing, visual prompts
Fluency	Skill performed fluently	Repetition
Maintenance	Skill retained & retrieved	Provide opportunities to use skill
Generalization	Skill applied to different situations	Teaching discrimination and differentiation
Adaptation	Skill can be adapted to suit new situations or conditions	Problem solving, simulation exercises

Potential Targets for Intervention

- ASD core symptoms
    - **Even when not primary targets, knowledge of these should be integrated into intervention
    - Social communication
    - Restrictive/repetitive behaviors and interests
- Symptoms of comorbid conditions
    - Anxiety
    - Depression
    - ADHD
    - ODD
- Emotional and behavioral dysregulation
    - Aggressive behavior
    - Emotional regulation difficulties
- Executive function
- Adaptive behavior
- Academics

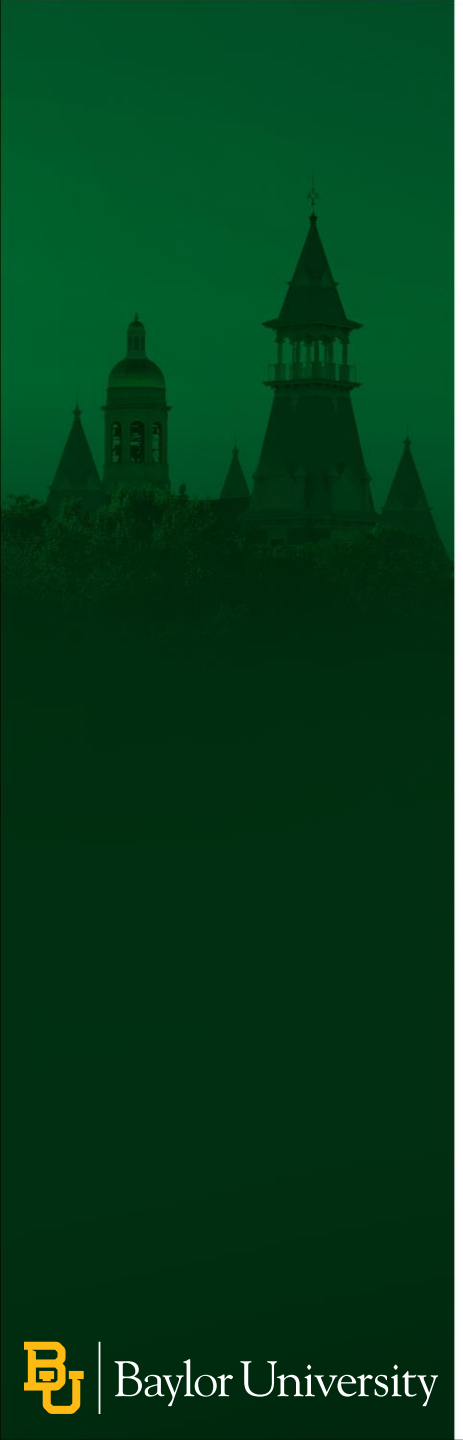
Social Skills Training

- **Evidence-basis? Yes….but not all "social skills groups" meet the parameters!**

See Handout!

- **PEERS** (Laugeson & Frankel, 2010)
  - Manualized social skills treatment
  - Most well-studied specific group treatment package
  - Upward extension of Children's Friendship Training (Frankel)
  - There is a school-based version (2014)
- **Skillstreaming** (Goldstein & McGinnis)
  - Widely used
  - Has been successfully adapted for children with ASD (McGinnis & Simpson, 2017)

- *Shared elements in interventions:* consistency in delivery and structure, direct and immediate feedback to the children, integration of strategies to promote skill generalization
- Parents have less involvement in school-based programs and more involvement in clinic programs



AFIRM

Autism Focused Intervention Resources & Modules

Social Skills Training (SST) ---EBP Brief Packet---

See Handout!

This overview brief will support your use of the evidence-based practice: Social Skills Training.

Components of the EBP Brief Packet...

This evidence-based practice overview on Social Skills Training (SST) includes the following components:

1. **Overview:** A quick summary of salient features of the practice, including what it is, who it can be used with, what skills it has been used with, and settings for instruction.
2. **Evidence-base:** The *SST Evidence-base* details the NPDC criteria for inclusion as an evidence-based practice and the specific studies that meet the criteria for this practice.
3. **Step-by-Step Guide:** Use the *SST Step-by-Step Practice Guide* as an outline for how to plan for, use, and monitor SST. Each step includes a brief description as a helpful reminder while learning the process.
4. **Implementation Checklist:** Use the *SST Implementation Checklist* to determine if the practice is being implemented as intended.
5. **Data Collection Sheets:** Use the data collection sheets as a method to collect and analyze data to determine if progress is being made for a learner with ASD.
6. **Tip Sheet for Professionals:** Use the *SST Tip Sheet for Professionals* as a supplemental resource to help provide basic information about the practice to professionals working with the learner with ASD.
7. **Parent Guide:** Use the *SST Parent Guide* to help parents or family members understand basic information about the practice being used with their child.
8. **Additional Resources:** Use the *Additional Resources* to learn more about the practice.
9. **CEC Standards:** A list of *CEC Standards* that apply specifically to SST.
10. **Module References:** A list of numerical *References* utilized for the SST module.

Communication Skills

- Collaborate with Speech Language Pathologist (SLP) and Board Certified Behavior Analyst (BCBA)
  - Differences in theoretical frameworks and approaches to teach communication skills
  - If and when a BCBA is involved, review
    - IEP goals
    - Service time
    - Teaching techniques
    - Data collection procedures
- What is our role?

Communication Skills

- **Functional communication training**
  - Differential reinforcement procedure in which an individual is taught an alternative response that results in the same reinforcement.
- **Picture Exchange Communication System (PECS)**
  - Six phases, and begins by teaching an individual to give a single picture of a desired item or action to a “communicative partner” who immediately reinforces the request. This is followed by discrimination of pictures, structuring sentences, using modifiers, answering questions, and providing comments.

Communication Skills

- Picture symbols
- Video Modeling
- Social narratives
- Scripting
- Naturalistic teaching
  - Modeling
  - Prompting
  - Time Delay

Why Might Interventions for Students with Autism Need to be Different?

- Social communication differences and difficulties
  - Less insight and/or theory of mind
  - Less understanding of social cues/body language
  - More difficult time connecting socially/rapport challenges
  - Difficulty processing/understanding socioemotional information

- Restricted/repetitive behaviors and interests
  - Concrete thinking
  - Pervasive interests
  - Difficulty with flexible thinking
  - Repetitive behaviors or thoughts that can impact intervention
  - Difficulty with change and transition/need for predictability and consistency
  - Motivation differences

Consider….

- Developmental level
- Measured cognitive ability
- Language skills
- Executive functioning skills
- Sensory sensitivity
- Emotional regulation/emotional coping
- Cultural factors

Choosing Interventions

- Best: Find an EBI targeting the student's difficulties that has been **specifically created and validated for youth with autism**
- Second best: Use an EBI not created for kids with autism but for which there is **published information about modifications** made to increase effectiveness for those with autism
- Third best: Use an EBI that has not been systematically modified and studied for kids with autism but that could be helpful when **applying evidence-based strategies useful for students with autism**

Example: Anxiety-Focused Intervention

- *Specific EBT for anxiety + ASD:* Facing Your Fears (Reaven et al., 2011)

- *For non-ASD groups:* CBT approaches are consistently the most effective treatment for anxiety (e.g., Kendall et al., 2008) and are considered first-line for childhood anxiety (Walkup et al., 2008); core CBT components → psychoeducation, emotional awareness, exposure, coping skills, problem solving
  - *Studied for anxiety + ASD: Coping Cat* (McNally Keehn et al., 2013)
  - *Published manual for depression + ASD:* CBT for Young People with ASD to Understand and Express Affection (Attwood & Garnett)

- *CBT Modifications for ASD:* (see also Nadeau et al, 2011)
  - Increased caregiver involvement
  - Tailored materials appropriate to cognitive ability
  - Personalizing treatment around specific interests
  - Skill-building to shape social skills
  - Parent- and teacher-managed contingency systems
  - Incorporate more concrete visuals
  - Longer sessions
  - Emphasis on the "B" over the "C"
  - *Also recommended:* The Incredible 5-Point Scale (Buron & Curtis, 2003)

Example: Executive Function-Focused Intervention

•*A specific EBT:* Unstuck and On Target: An Executive Function Curriculum to Improve Flexibility for Children with ASD (Cannon et al., 2011)

•*For non-ASD groups:* "Well-established" psychosocial ADHD treatments are behaviorally-based and implemented across-settings (e.g., PMT, classroom) [Pelham, Wheeler, & Chronis (2010)]; social skills interventions are often used but research support for effectiveness is not strong (de Boo & Prins, 2007)

•"ASD-specific adaptations" (Doepke et al., 2014)

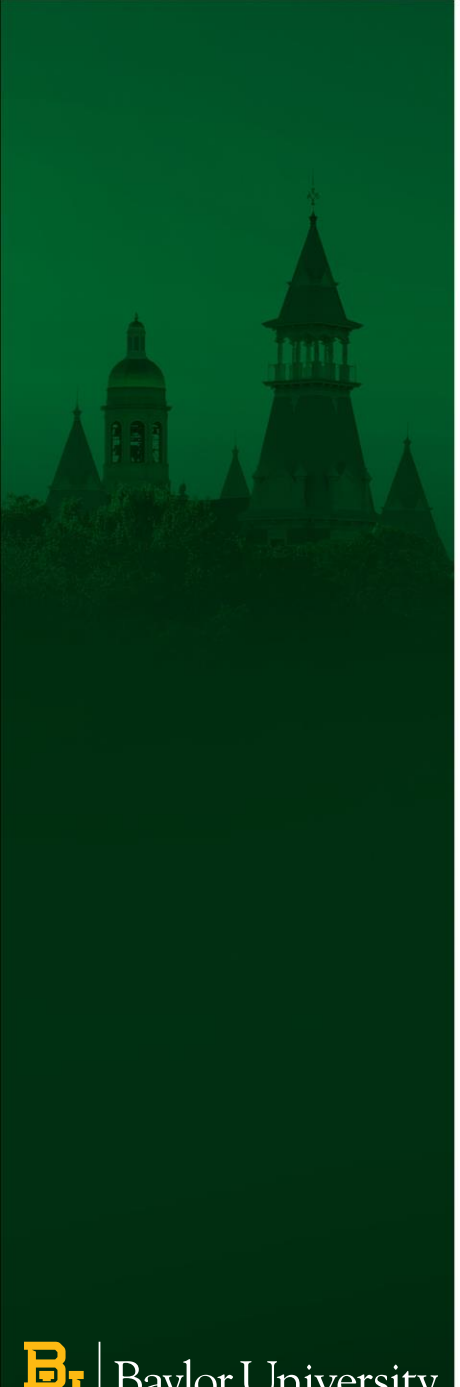
- Visual strategies to teach and maintain new behaviors
- Multiple opportunities for practice with feedback for new behaviors
- Salient, frequent reinforcement
- Natural environments to teach new skills to increase the chance of generalization (e.g., social skills taught in the school with peers)

Example: Disruptive Behavior-Focused Intervention

- *EBTs for non-ASD groups:* Parent-Child Interaction Therapy (PCIT); Incredible Years (IY); Helping the Non-Compliant Child; Triple P
  - *Published for ASD:* RUBI's Parent Training for Disruptive Behavior; IY: Autism Spectrum and Language Delays (2-5yo); for DD Stepping Stones Triple P (<12yo)
  - *Studied for ASD:* PCIT (Scudder et al., 2019; Solomon et al., 2008)

- *For non-ASD groups:* two domains of focus: (1) problem-solving skills (Kazdin et al., 1987), and (2) parent-management training (Kazdin et al., 2003); targeting non-compliance decreases other disruptive behaviors (McMahon & Frick, 2005); combined pharmacologic and behavioral treatment may be most effective for decreasing aggression (Frazier et al., 2010)

- *Modifications for ASD:* Many interventions for children with ASD involve identifying antecedents and consequences related to problem behaviors, so similar procedures are useful for ASD



General Principles Applicable to EBI Modifications for Autism

- Increase visual materials
- Decrease verbal input and demands
- Increase structure and consistency
- Increase explicit teaching (i.e., step-by-step)
- Increase session length
- Incorporate special interests

Ethical Considerations

- *Un*validated versus *in*validated interventions
  - Non-evidence based interventions
  - Complementary and Alternative Medical Therapy
- Multidisciplinary team problem-solving and collaboration
- Programming for child (not disability)
- Adherence to the intervention
- Progress data
- “Packaged deals”

Intervention Challenges & Solutions: *Insufficient Resources*

Challenges

Limited:

- Money
- Time
- Personnel
- Training
- Partnerships with non-school providers

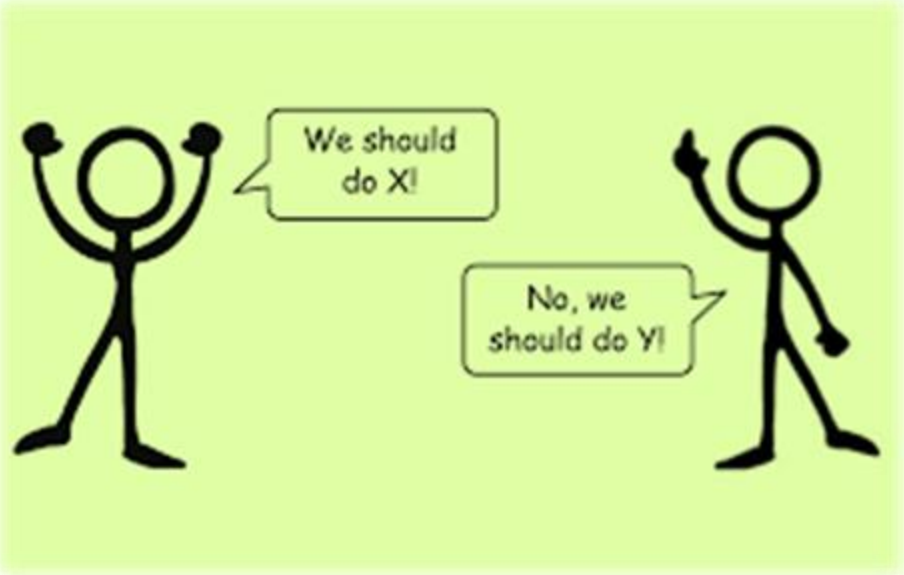
Solutions

- District- and state-level advocacy for funding
- More consultation opportunities for school psychologists
- Teacher pre-service and in-service training
- Proactive collaboration with medical and community providers
- Research partnerships
- Recruitment and retention of school psychologists

Intervention Challenges & Solutions: *MDT Goal Setting*

Challenges

- Differing opinions about intervention priorities
- Recommendations that are not evidence-based
- Intervention targets a disabling condition rather than individual child needs
- Ineffective communication
- Insufficient parent involvement



Solutions

- Pro-active, preventative problem solving
- Acknowledge team dynamics, groupthink
- Center your team → child
- Rely on the data!
- Family involvement from the start
- Include child when possible
- Reminders of *legal* aspects of intervention selection

Intervention Challenges & Solutions: *Implementation*

Challenges

- Limited evaluation of interventions in school
- Poor adherence to intervention protocol
- Lacking support for teachers' integration into classrooms

Solutions

- Select interventions that are feasible in schools
- Provide teacher training and ongoing support
- Use implementation scripts and fidelity checklists
- Identify of critical components that can be integrated throughout the school day

Intervention Challenges and Solutions: *Culturally Responsive Interventions*

Challenges

- Centering of Western ideals and whiteness as “norm”
- Lack of culturally-responsive interventions
- Social skills interventions particularly at-risk for cultural mismatch
- Limited knowledge of cultural adaptations

Solutions

- Recruitment and retention of SCLD research participants
- Development and testing of culturally-tailored and –targeted interventions
- Carefully consider cultural elements that are adaptable within fidelity

NASP Best Practices: Culturally Responsive Interventions

Jones, 2014

- Theme of *risk* and *protective* factors

- Concept: multicultural intentionality → application of basic multicultural competencies
  - Cultural self-awareness
  - Awareness of the worldview of the client
  - Culturally appropriate intervention strategies

- Foundation for providing culturally responsive services = intervention skills + cultural competence
- Theory of multicultural counseling and therapy (Ivey, D'Andrea, & Ivey, 2012)

Cultural Adaptations (CAs)

- *Definition*: systematic modifications of an intervention to consider language, culture, and context in a way that is compatible with families' cultural patterns, meanings, and values (Bernal et al., 2009)

- Barriers addressed via cultural adaptation (Barrera et al., 2017):
  - Adherence
  - Attendance
  - Engagement
  - Completion
  - Outcomes

Cultural Adaptation Approaches

- Top-down, or outside-in
- Bottom-up, or inside-out

Targeted v. Tailored

(Falicov, 2009; Kreuter & Skinner, 2000)

An intervention designed for a specific cultural group based on characteristics common to its members

Universal approach that views an original intervention's content as applicable to all subcultural groups and needs no alterations

Identify cultural factors that influence child outcomes, measure individual differences on these, and deliver individualized strategies addressing those

Culture-specific approach that emphasizes culturally grounded content consisting of the unique values, beliefs, traditions, and practices of a particular cultural group

Strategies for Culturally Adapting Interventions

Kreuter et al., 2003

Peripheral

- Change intervention materials to pair with participants' cultures

Linguistic

- Alter the language of the intervention

Evidential

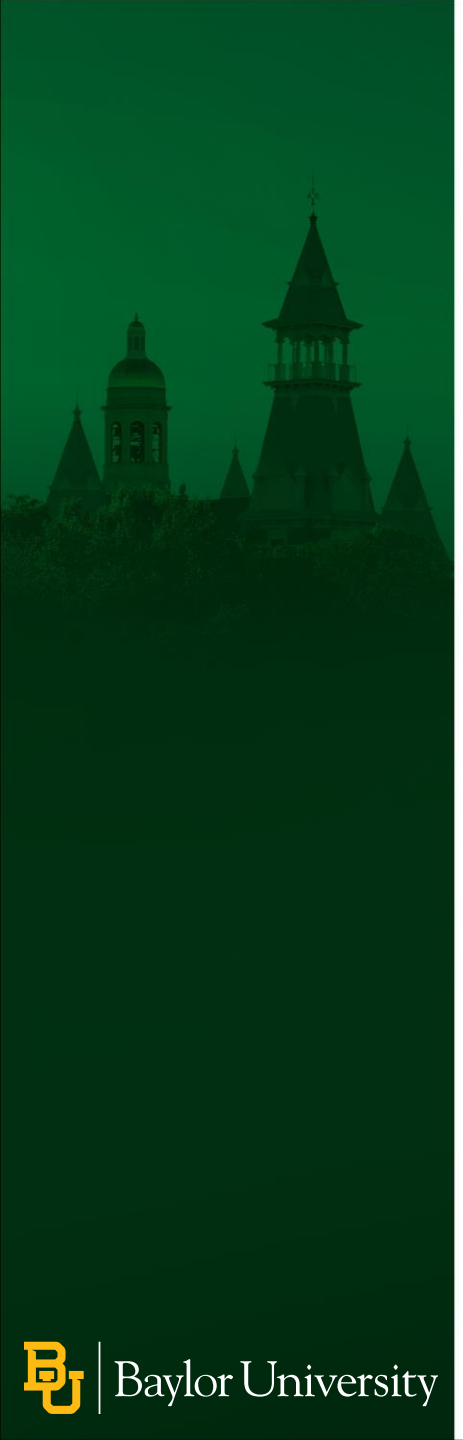
- Include information highlighting the relevance of the intervention for the participants' ethnic group

Constituent-involving

- Incorporate the past knowledge and experiences of participants

Sociocultural

- Reinforce the cultural values, beliefs, and behaviors of participants



Surface structure CAs: integration of observable language, racial, and/or ethnic characteristics of the population into the intervention

Deep structure CAs: content strategies- incorporate cultural, social, historical, environmental, or psychological aspects important to the population

See Handout!

Table 3
Culturally Adapted Social Skills Interventions for Individuals with ASD.

Study Authors	Surface Structure Considerations	Deep Structure Considerations
Kim (2016)	Researchers adapted the language of video modeling clips based upon the predominant language used by participants' parents. In addition, language selection and usage was allowed to be flexible during generalized in-home probes.	Researchers used content matching local social scenarios within materials.
Yoo et al. (2014)	Researchers translated the English PEERS treatment manual and materials into Korean.	Researchers collected survey data with 477 middle school students to identify culturally relevant material that coincides with the culture of teens in Korea. Several content areas were adapted to include culturally and linguistically appropriate experiences and jargon of Korean teens.
Lee et al. (2016)	Researchers adapted the intervention to include idioms and used the Cantonese language.	Researchers embedded local Chinese adolescent social experiences within the content and role plays.
Cheremshynski et al. (2013)	The researcher/interventionist sought consultation from a Japanese interpreter, and learned how to deliver common Japanese phrases while training the mother.	Researchers used the cultural assessment tool to gather data to facilitate the provision of culturally responsive practices. The positive reinforcement plan and behavioral management strategies were tailored to enhance the appropriateness to the mother's blend of Japanese and Canadian culture.
Blake et al. (2017)	Images were changed to reflect the ethnicity of the population and the culture. The materials were first developed and adapted in English, translated into Bangla and then further edited and refined by the native clinician in Bangla.	Investigators practiced using behavioral strategies with children with ASD in naturalistic settings utilizing no technology or toys since such items were scarce in Gaibandha. All examples were modified to be culturally and SES relevant. For example, a picture of a father and a child was replaced with a picture of a mother and a child to be consistent with cultural family dynamics in which mothers are the primary caregivers of children. Images of toys or items that a family would likely not be able to afford were removed and all pictures showed women wearing religiously appropriate attire (i.e. changing pictures of women wearing jeans to women wearing saris).

Guides for Identifying Autism-Focused EBIs

- National Professional Development Center on ASD (NPDC; Steinbrenner et al., 2020)
- National Standards Project (NSP; National Autism Center, 2015)
- Agencies for Healthcare Research and Quality (AHRQ; Weitlauf et al., 2014)
- Missouri Autism Guidelines Initiative (MAGI; 2012)

- *NOTE: few autism-focused intervention protocols have been evaluated specifically for school-based use, and even fewer have been designed specifically with schools in mind.*

Table 1.
Evidence-Based Interventions (EBIs) Potentially Useful for School-Based Use (adapted and summarized from Steinbrenner et al., 2020; pp. 63-142)

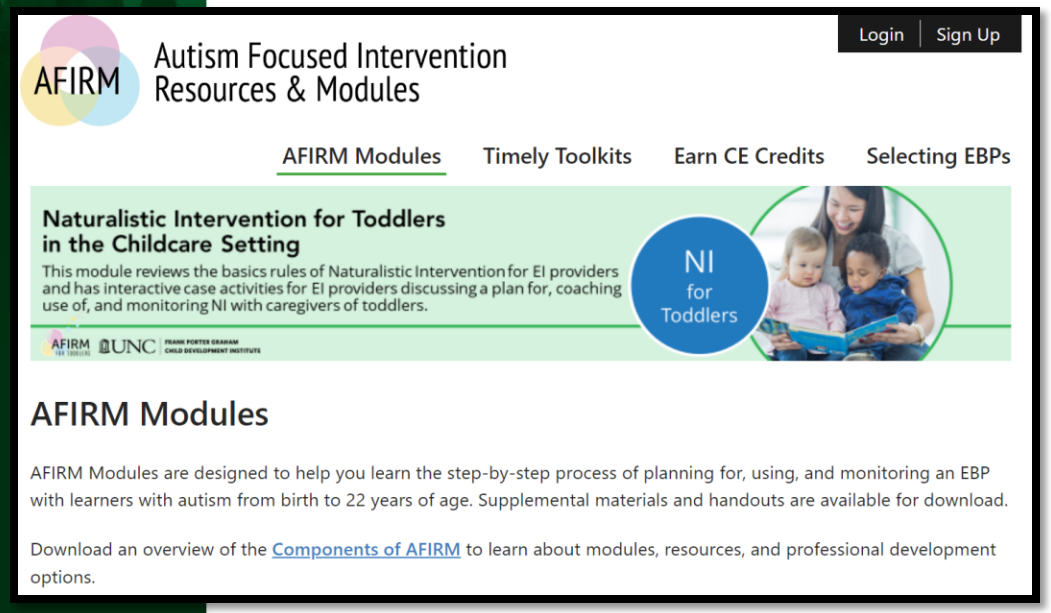
Intervention	**Connection to domain(s) outlined in this chapter**	**General findings useful for school consideration***
Antecedent-based Intervention (ABI)	ADL Academic Social skills and communication; Behavioral and emotional regulation	Used to increase occurrence of desired behaviors or skills; used in conjunction with other EBPs; Can be implemented by teachers with Bachelor's/Master's degree, experience working with children with disabilities; 3-5 sessions per week (5 min – 3 hrs)
Augmentative and Alternative Communication (AAC)	Social skills and communication. Academic	Used to teach a system of communication that is not verbal/vocal; can be implemented by teachers with PECS training; 4-12 hrs per month
Cognitive Behavioral/Instructional Strategies (CBIS)	Social skills and communication; Academic; ADL; EF; Behavioral and emotional regulation	Learners taught to examine own thoughts and emotions and use strategies to change thinking, behavior and self-awareness; can be implemented by teachers with degree in Psychology and /or Applied Behavior Analysis training; 2-5 days a week; 20 min – 8 hrs a day

See Handout!

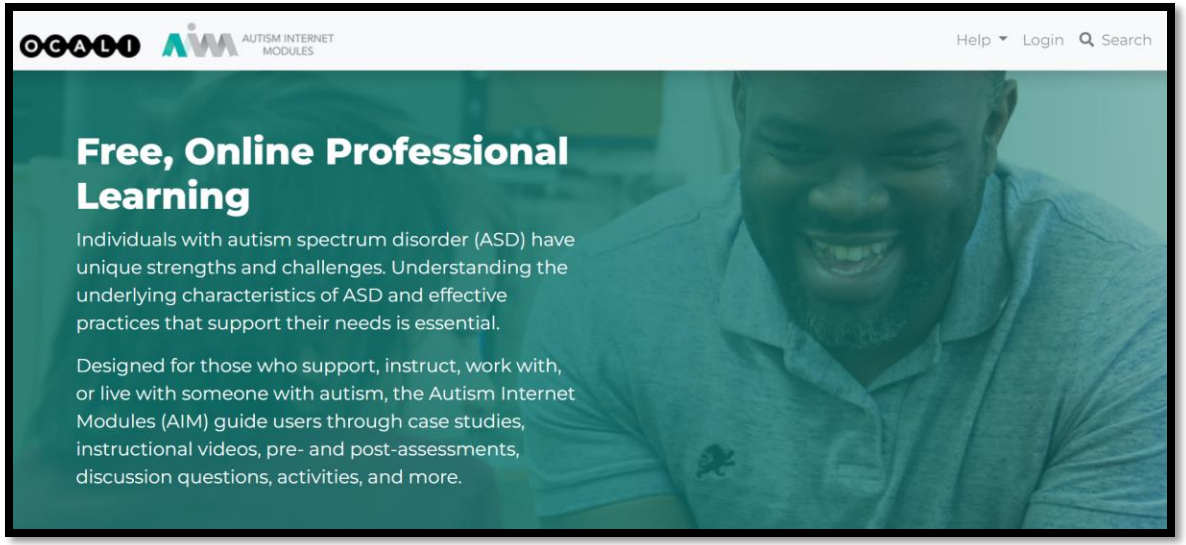
Baylor University

From: Mire, S. S., Tan, S. X., Laakman, A., Selders, K., Stevens, M., & Nowell, K. P. (2022). School-based interventions and modifications for students with autism. In K. Banneyer & R. H. Fein (Eds.), *Autism Spectrum Disorders: Symptoms, Diagnosis, and Types of Treatment.* Hauppauge, NY: Nova Science Publishers.

Online Autism-Focused EBI Training Resources



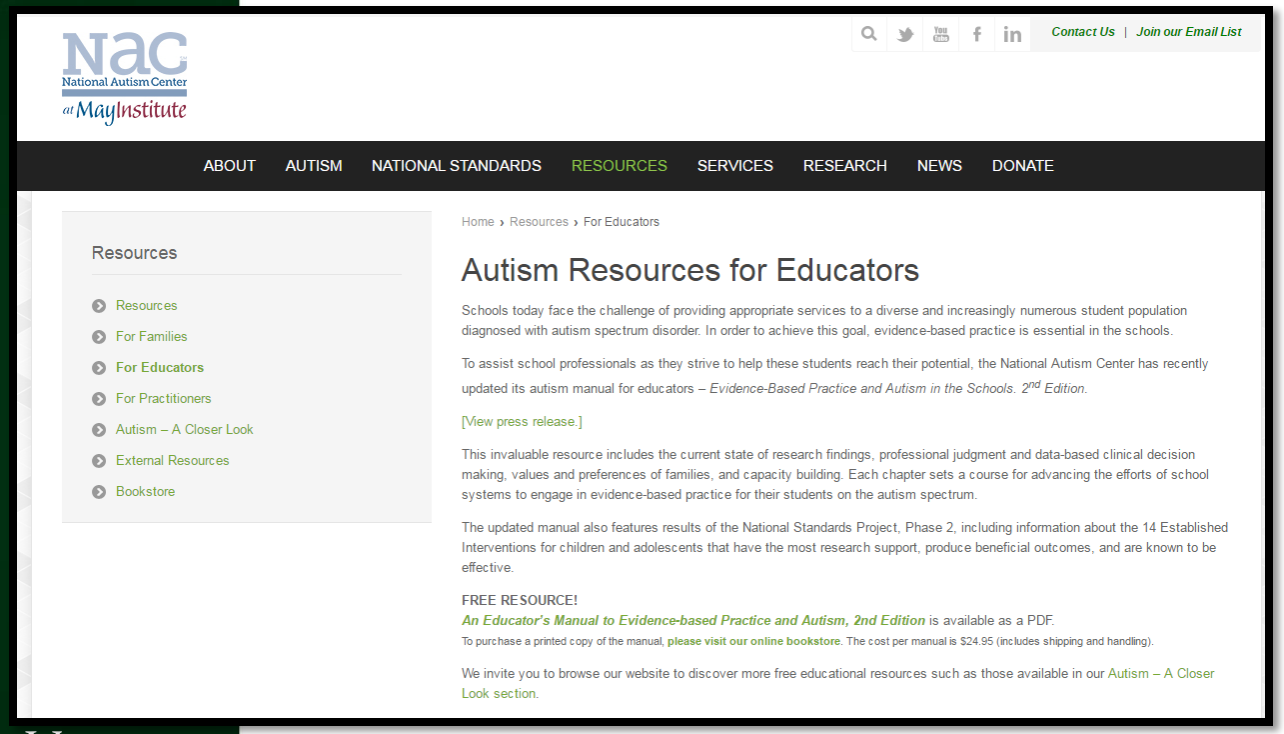
Autism Focused Intervention Resources & Modules (AFIRM):
https://afirm.fpg.unc.edu/afirm-modules



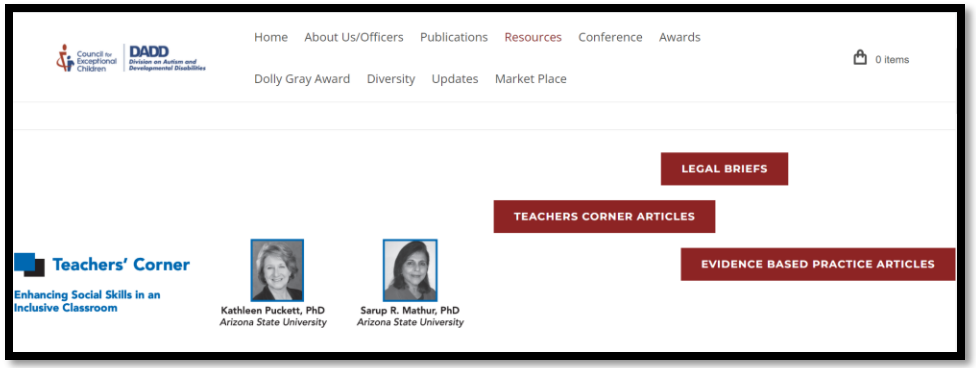
Autism Internet Modules:
https://autisminternetmodules.org/

Specifically for Educators
(Online Autism-Focused EBI Training Resources)

National Autism Center:
http://www.nationalautismcenter.org/resources/for-educators/



Council for Exceptional Children Division of Autism and Developmental Disabilities:
http://www.daddcec.com/resources.html



Take Home Points

- School-based intervention is critical for students with autism
- MDTs can systematically organize data to inform appropriate intervention selection
- Student strengths and interests should be integrated into intervention
- Many general principles and approaches useful for autistic learners
- Using interventions designed for kids with autism is ideal, but there are ways to tailor interventions to create a better "fit"

Reflection: Question #5
School-Based Intervention

- What do I want to **keep** doing?
- What do I want to **start** doing?
- What do I want to **stop** doing?
- What do I want to **learn more about**?

Break

Conducting FBAs and Developing the BIP

Take Home Points

- Start with good classroom management and positive reinforcement
- Collect multiple forms of behavioral assessment data
- Collaborate with the team
- Teach appropriate replacement behaviors as part of the BIP
- Identify appropriate reinforcers
- Develop a protocol

Behavior Basics

Daniel Duke (1979)
Baylor University

Classroom Management

- Building Rapport
- Formulating a standard for classroom behavior
- Arranging the physical environment
- Reinforcing rule compliance
- Implementing strategies to change behavior
- Assessing and measuring behavior change

NEVER assume a child knows the rules.

Rules for Rules

- 5 or fewer
- Simple
- Positive Wording
- Specific
- Observable & Measurable
- Compliance Rule
- Consequences

Using the Rules

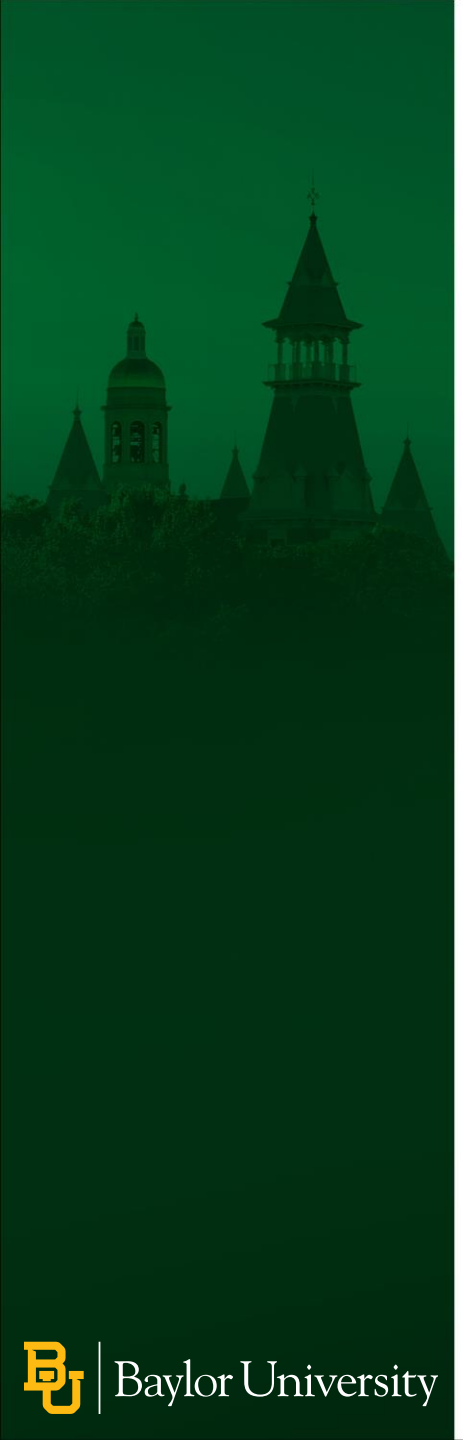
- Students can see them at all times.
- Teacher reviews them at the beginning of the day.
- Teacher references them when praising.
- Teacher references them when correcting.
- Teacher teaches classroom procedures.
  - Teach the child what to do, not what to do.
  - Teach, model, practice, reinforce.

Arranging the Physical Environment

- Maximize structure and predictability
- Minimize distractions
- Available quiet space
- Access to fun and engaging activities
- Active supervision

Arranging the Physical Environment

- Visual supports
  - Timers
  - Printed Words
  - Symbols/pictures
  - Notecards/post-it-notes
- Routines
  - Daily schedules (individualized if needed)
  - First/then boards
  - Transition markers



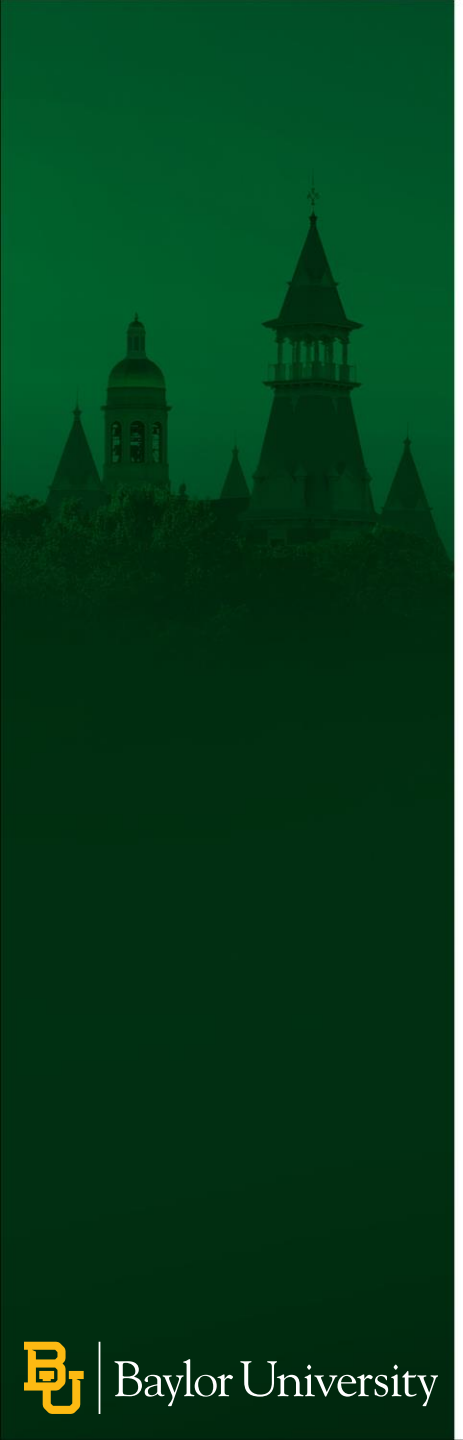
Strategies to *Prevent* Challenging Behavior

- Prepare for specific instructional activities
- Present material
- Engage in interactive assessment
- Use time effectively

The only way to change someone else's behavior is to change YOUR behavior FIRST!

Strategies to *Prevent* Challenging Behavior

- Prepare for transitions.
  - Cue, attention, direction, observe.
    - Examples: music, choral response.
  - Children struggle because they are switching from a preferred to a non-preferred setting/activity.
  - Consider switching from preferred to neutral to non-preferred



Reinforcement

It is only reinforcement if the consequence after the behavior *strengthens* the likelihood that the behavior will occur again in the future.

Positive Reinforcement

- A consequence is presented that results in the behavior likely occurring again.
- Example – When Dominic raises his hand, the teacher calls on him; therefore Dominic is more likely to raise his hand in the future.
- Example – When Emmy throws her food on the floor, her mother runs to the table; therefore, Emmy is more likely to throw her food on the floor in the future.

Negative Reinforcement

- An aversive condition is avoided or ends by exhibiting the behavior. Therefore, the behavior is more likely to occur in the future.
- Example – The teacher stands next to Jude while he finishes his work, when he is done, she leaves him alone. In the future he is more likely to complete his work.

Reinforce Expected Behaviors

- Immediate
- Distinct
- Descriptive
- Preferred
- Varied

Work-Reward Match

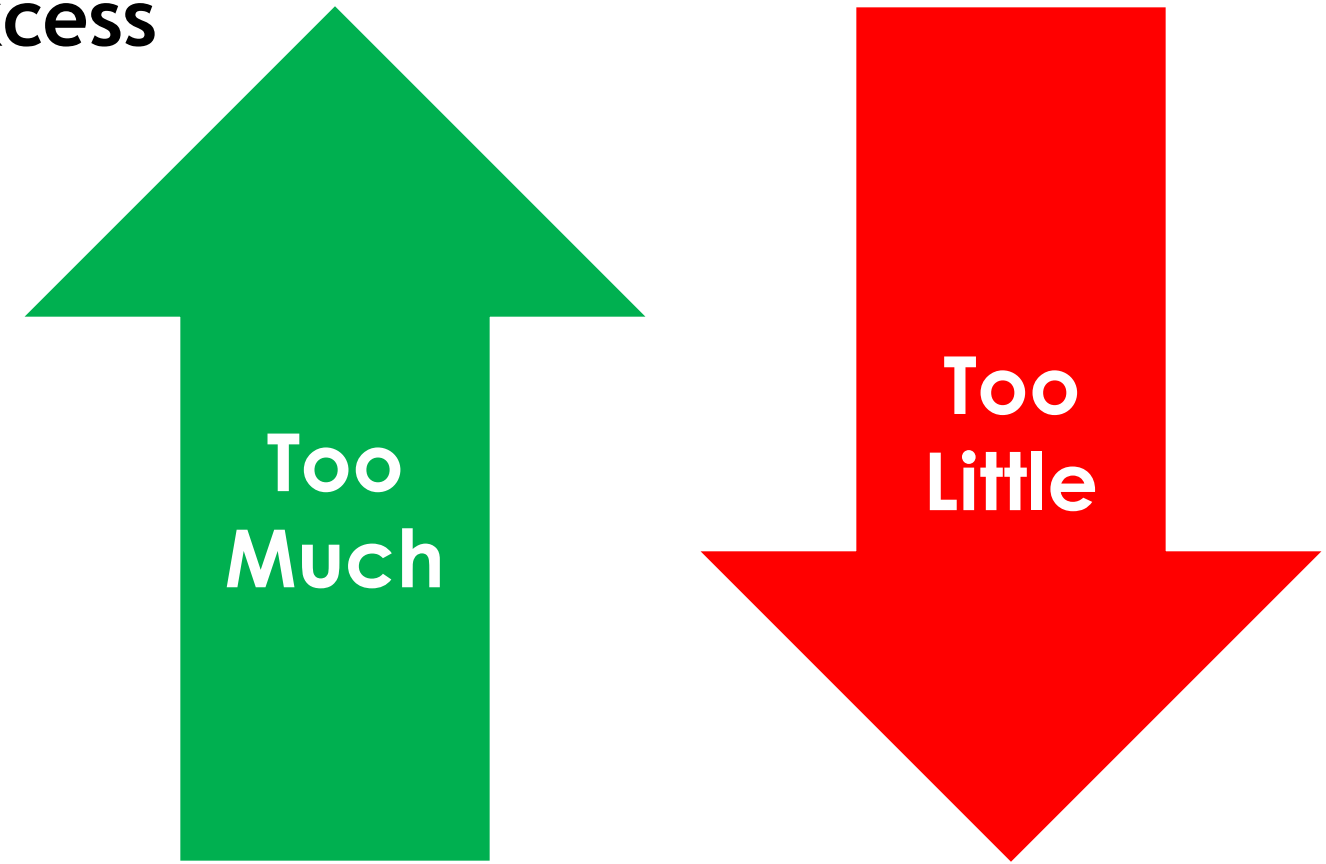
- Work-Reward Match Considerations
  - How much?
  - How fast?
  - Can they get it somewhere else?
  - Do they want/need it now?

Punishment

- Punishment
  - Something is presented or taken away after a behavior that reduces the likelihood that the behavior will be repeated.
- Example
  - When Anderson runs in the hall the teacher verbally reprimands her. Anderson is less likely to run in the hall in the future.
  - When Olivia cries, the teacher puts a blanket in her lap. Olivia is less likely to cry in the future.

Problem Behavior

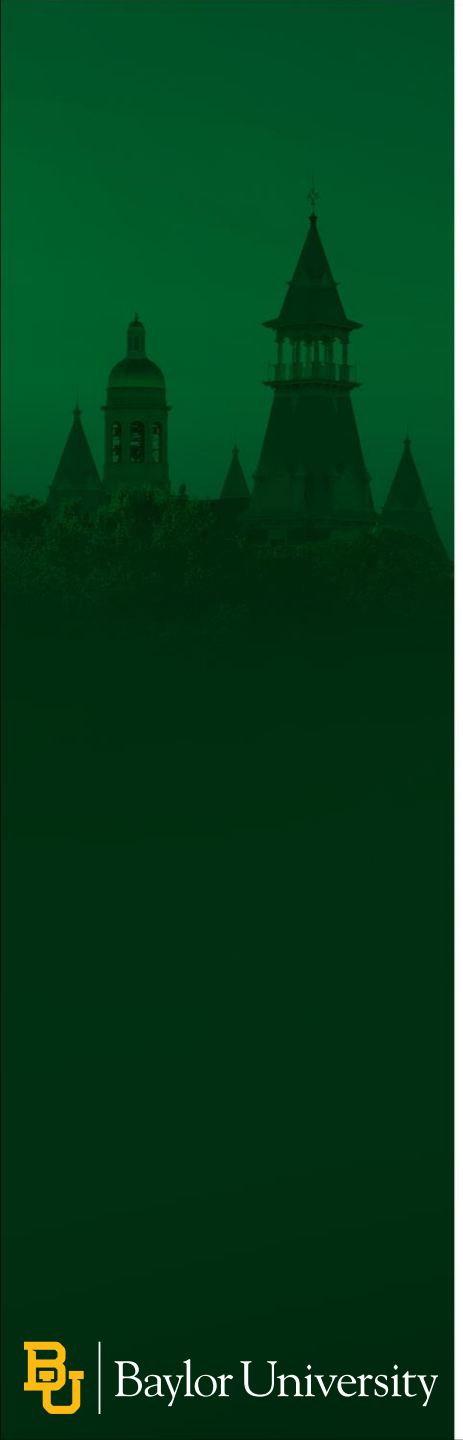
Excess



Deficit

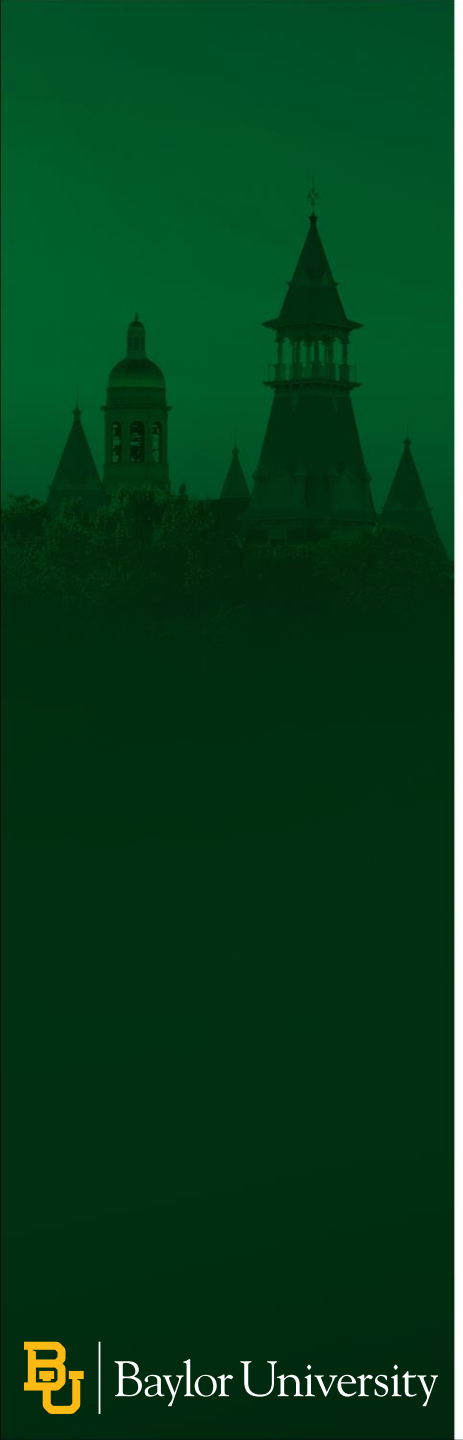
Behavior Excesses

- Argue
- Destruct property
- Noncompliant
- Lie
- Break rules
- Off task
- Aggressive/Fighting
- “Talk back”/Disrespectful



Behavior Deficits

- Share with friends/siblings
- Cooperate
- Problem Solve
- Follow rules and routines
- Self-manage
- Answer questions
- Sit at a table
- Complete homework
- Eye contact



Addressing Problem Behavior

Addressing problem behavior addresses excesses and deficits.

OFTEN these are related

Deficit – Excess Relation

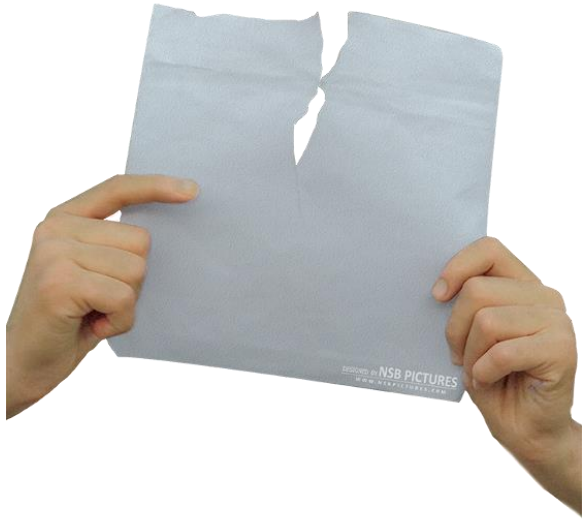
Child who has difficulty sharing….

…hits peers when he wants a toy.

Deficit – Excess Relation

Child who cannot request a break from work….

…destroys work materials.



Deficit – Excess Relationship

- Behavior management is not just addressing the behavior excess. Reducing the excess is often best targeted by increasing the deficits.

Responding to Challenging Behavior

- Be consistent
- Provide feedback in a neutral tone
- Avoid:
  - Multiple requests
  - "Can you" questions
  - Power struggles
- Make more "start" requests than "stop" requests
- Give them time

Classroom Management Assessment		
Practice		**Rating**
1. I **maximized structure and predictability** in my classroom.		
a. *I explicitly taught and followed predictable **routines**.*	Yes	No
b. *I arranged my room to **minimize crowding and distraction**.*	Yes	No
2. I posted, taught, reviewed, monitored, and reinforced a small number of **positively stated expectations**.		
a. *I operationally defined and **posted** a small number of expectations (i.e., school wide rules) for all routines and settings in my classroom.*	Yes	No
b. *I explicitly **taught** and **reviewed** these expectations in the context of routines.*	Yes	No
c. *I **prompted** or **pre-corrected** students to increase the likelihood that they will follow the expectations.*	Yes	No
d. *I **actively supervised** my students.*	Yes	No
3. I **actively engaged** students in observable ways.		
a. *I provided a high rate of **opportunities to respond** during my instruction.*	Yes	No
b. *I **engaged** my students in **observable ways** during teacher directed instruction (i.e., I use response cards, choral responding, and other methods).*	Yes	No
c. *I used evidence-based methods to **deliver** my instruction (e.g., Direct Instruction).*	Yes	No
4. I used a **continuum of strategies** to acknowledge **appropriate behavior**.		
a. *I provided **specific and contingent praise** for academic and social behaviors (e.g., following expectations).*	Yes	No
b. *I also used **other systems** to acknowledge appropriate behavior (group contingencies, behavior contracts, or token economies).*	Yes	No
5. I used a **continuum of strategies** to respond to **inappropriate behavior**		
a. *I provided specific, contingent, and brief **error corrections** for academic and social errors.*	Yes	No
b. *In addition, I used the **least restrictive procedure** to discourage inappropriate behavior (differential reinforcement, planned ignoring, response cost, time out)*	Yes	No

See Handout!

The FBA

Purpose of FBAs

- Pinpoint areas of concern
- Identify target behavior(s)
- Collect data
- Formulate a hypothesis about the function of behavior
- Use information to determine next steps and/or create a behavior intervention plan
- Monitor Progress

Important Things to Consider

- Roles and responsibility
- Collaboration and buy-in
- Definition of target behaviors
- Feasibility and Necessity
  - Data collection
  - Implementation
- Current school operating system and data collection procedures.

FORM of the Behavior

- What the behavior LOOKS like.
  - Hits
  - Bites
  - Kicks
  - Screams
  - Tantrums

FUNCTION of the Behavior

- What the behavior **ACHIEVES**.
- **PURPOSE** of the behavior
  - **Obtain** or **Escape** Something

- Four functions of Behavior
  - Escape
  - Attention
  - Tangible
  - (Sensory) Automatic reinforcement
    - Positive – feels good
    - Negative – aversive stimuli

Example

Charlotte, a 5 year old, screams and tantrums when she enters her classroom. As a result, her teacher brings her to the play room to let her start the school by calming down.

What do we know about Charlotte?

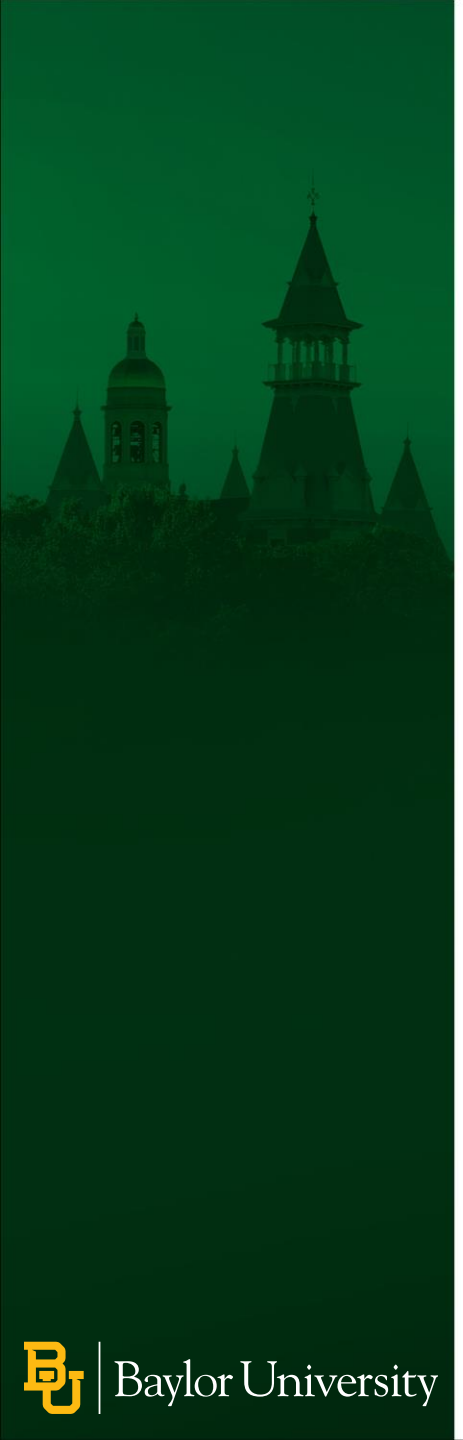
Example

Michael, a second grader, fails to bring his homework to school on a regular basis. Each time he comes to school with no homework, he is sent to the principal's office.

What do we know about Michael?

Let's Practice

- Discuss with your group an example of a problem behavior.
  - Provide the Form and (perceived) Function



Types of Functional Behavior Assessments

- Indirect measures
  - Interviews
  - Checklists
  - Rating scales
- Direct measures
  - ABC
  - Scatterplots
- Experimental Functional Analysis

Interviews

See Handout!

- Potential target behaviors
- Primary concerns
- General → specific
- Types of Interviews
  - Functional Behavioral Assessment Inventory (FBAI) Webber & Scheuermann (2008)
  - Functional Assessment Interview Form (FAI) O'Neill et al. (1997)
  - Functional Assessment Screening Tool (FAST) Iwata & DeLeon (1996)

Kansas Institute for
Positive Behavior Support

FUNCTIONAL BEHAVIORAL ASSESSMENT INTERVIEW FORM

Focus person_____ **Date of Birth**_____ **Sex** M F

Interviewer_____ **Date**_____

Person answering the interview questions_____

DESCRIBE THE PROBLEM BEHAVIORS.

Define each problem behavior that is of concern. Include information about what it looks like, how often it occurs (per day, week, month), how long the behavior lasts and how damaging or destructive the behaviors are when they occur.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

DESCRIBE THE PERSON'S SOCIAL BEHAVIORS.

Define positive social behaviors you have observed the person perform. Include information about what it looks like, how often it occurs (per day, per, week, month) and when you are most likely to see the behavior.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Which of the behaviors described above are likely to occur together in some way? Do you see positive behaviors occurring before problem behaviors occur? Do all of the behaviors occur about the same time? If you see behaviors occurring in a sequence from least to more problematic, describe the order in which they occur.

_____

_____

DESCRIBE ANY SETTING EVENTS THAT YOU THINK ARE ASSOCIATED WITH A HIGHER LIKELIHOOD OF PROBLEM BEHAVIORS.

Physiological Setting Events

Is the person taking any medications that may have an effect on the person's behavior?

Does the person have medical or physical problems that may affect his or her behavior (e.g., gastro-intestinal problems, allergies, ear or sinus infections, seizures, headaches)?

Does the person have normal sleeping patterns or does he or she have any problems getting enough rest each night?

Are there any dietary or eating problems that might have an impact on problem behavior?

Environmental & Social Setting Events

Make a list of the activities where the person is successful and does not engage in problem behavior. Include the times when these activities occur.

Successful Activities	*Problematic Activities*

Are the activities on the daily schedule predictable for the person? Does the person know what to expect after one activity ends and the next begins? Is it clear to the person who they will be spending time with and for how long?

Does the person get a chance to make choices about what he or she will be doing each day? Does the person choose what to wear in the morning, the activities that she will be experiencing and when she will be able to engage in fun and reinforcing events?

Are there usually a lot of people around at home, school, or work (including staff, classmates, family members or roommates)? How does the person respond to crowded or noisy settings?

What kinds of support does a person receive at home, school, work, and other settings? Do you believe there may be issues related to the number of staff, level of family support, staff or family training needs, or certain types of social interactions that may be related to the person's problem behaviors?

Define specific immediate antecedent events that predict when the behaviors are likely and not likely to occur.

Settings that are most and least likely to trigger problem behavior

Most Likely	*Less Likely*

Times that are most and least likely to trigger problem behavior

Most Likely	*Less Likely*

People who are most and least likely to trigger problem behavior

Most Likely	*Less Likely*

Activities that are most and least likely to trigger problem behavior

Most Likely	*Less Likely*

Describe something that you could do or say that almost always results in problem behavior. This may include a certain tone of voice (authoritarian, aloof, overly concerned, etc), particular words or phrases (e.g. "no, that's not right, do it again.")

Briefly describe what the person would do in the following situations.

The person is asked to complete a difficult task.

A highly preferred activity naturally ends or is interrupted.

There is a sudden and unexpected change in the person's daily schedule.

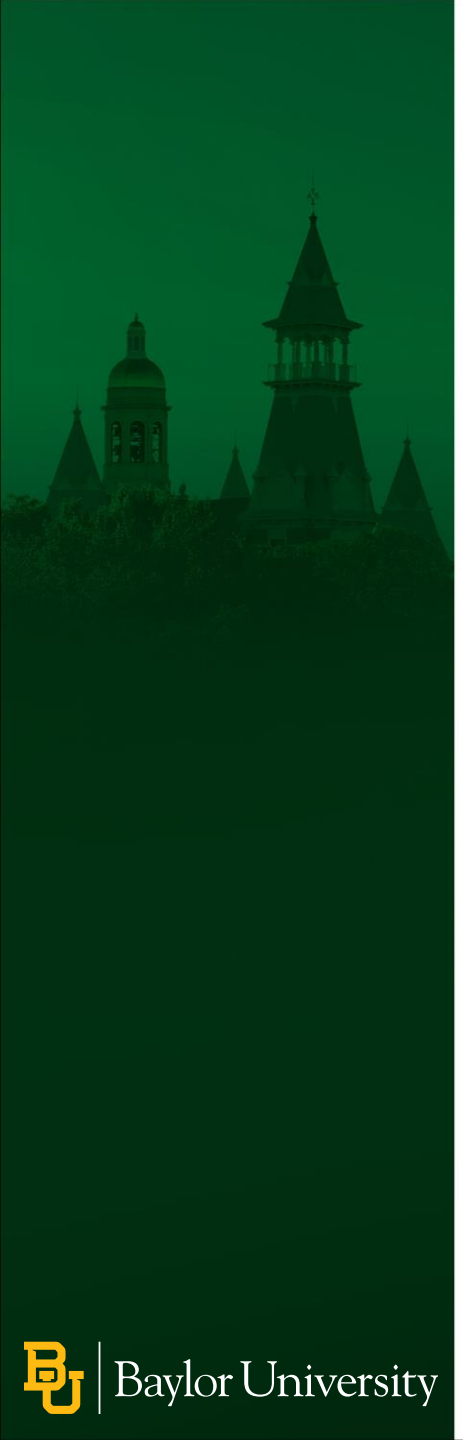
A preferred item or activity is visible but the person needs assistance to obtain it.

WRITE DOWN HYPOTHESIS STATEMENTS FOR EACH MAJOR TRIGGER AND/OR CONSEQUENCE.

Setting Event		*Immediate Antecedent (Trigger)*		*Problem Behavior*		*Consequence Maintaining Behavior*
	—		—		—	
	—		—		—	
	—		—		—	
	—		—		—	
	—		—		—	

Adapted From:

O'Neill, R. E., Horner, R. H., Albin, R. W., Sprague, J. R., Storey, K., & Newton, J. S. (1997). Functional assessment and program development for problem behavior: A practical handbook (2nd ed.). Pacific Grove, CA: Brooks/Cole.



Interviews

Advantages and Disadvantages

Rating Scales and Checklists

See Handout!

- Function-based
  - Motivation Assessment Scale (MAS) Durand & Crimmins (1992)
  - Questions About Behavior Function (QABF) Paclawskyj et al. (2000)
  - Problem Behavior Questionnaire (PBQ) Lewis, Scott, & Sugai (1994)

Defining the Target Behavior

- Function-based vs. Topography-based
- Characteristics
  - Objective
  - Observable
  - Clear
  - Complete
  - Measurable
- Test it!

How can we better define these target behaviors?

- Tantrums all the time
- Noncompliance

See Handout!

MOTIVATION ASSESSMENT SCALE

Name: Lena Johnson **Rater:** Mrs. Sanchez - Life Skills teacher **Date:** 6-8-2021

Description of Behavior (be specific): Transition - from preferred to nonpreferred activity or setting.

Instructors: The MAS is a questionnaire designed to identify those situations where an individual is likely to behave in specific ways. From this information, more informed decisions can be made about the selections of appropriate replacement behaviors. To complete the MAS, select one behavior of specific interest. Be specific about the behavior. For example "is aggressive" is not as good a description as "hits other people." Once you have specified the behavior to be rated, read each question carefully and circle the one number that best describes your observations of this behavior.

Questions	Never 0	Almost Never 1	Seldom 2	Half the Time 3	Usually 4	Almost Always 5	Always 6
1. Would the behavior occur continuously if this person was left alone for long periods of time?	x						
2. Does the behavior occur following a request to perform a difficult task?				x			
3. Does the behavior seem to occur in response to your talking to other persons in the room/area?		x					
4. Does the behavior ever occur to get a toy, food, or an activity that this person has been told he/she can't' have?			x				
5. Would the behavior occur repeatedly, in the same way, for long periods of time if the person was alone? (e.g. rocking back and forth for over an hour.)	x						
6. Does the behavior occur when any request is made of this person?				x			
7. Does the behavior occur whenever you stop attending to this person?		x					
8. Does the behavior occur when you take away a favorite food, toy or activity?				x			
9. Does it appear to you that the person enjoys doing the behavior? (It feels, tastes, looks, smells, sounds pleasing).	x						
10. Does this person seem to do the behavior to upset or annoy you when you are trying to get him/her to do what you ask?				x			
Go to next page							

Taken from *Michael J. Delaney /Mark Durand, Ph.D. 1986*

Questions	Never 0	Almost Never 1	Seldom 2	Half the Time 3	Usually 4	Almost Always 5	Always 6
11. Does this person seem to do the behavior to upset or annoy you when you are not paying attention to him/her? (e.g. you are in another room or interacting with another person)			x				
12. Does the behavior stop occurring shortly after you give the person food, toy, or requested activity?				x			
13. When the behavior is occurring does this person seem calm and unaware of anything else going on around her/him?			x				
14. Does the behavior stop occurring shortly after (one to five minutes) you stop working with or making demands of this person?					x		
15. Does this person seem to do the behavior to get you to spend some time with her/him?			x				
16. Does the behavior seem to occur when this person has been told that he/she can't do something he/she had wanted to do?				x			

	Sensory	Escape	Attention	Tangible
	1. 0	**2.** 3	**3.** 1	**4.** 2
	5. 0	**6.** 3	**7.** 1	**8.** 3
	9. 0	**10.** 3	**11.** 2	**12.** 3
	13. 2	**14.** 4	**15.** 2	**16.** 3
Total Score =	2	13	6	11
Mean Score =	.5	3.25	1.5	2.75
Relative Ranking =	4	1	3	2

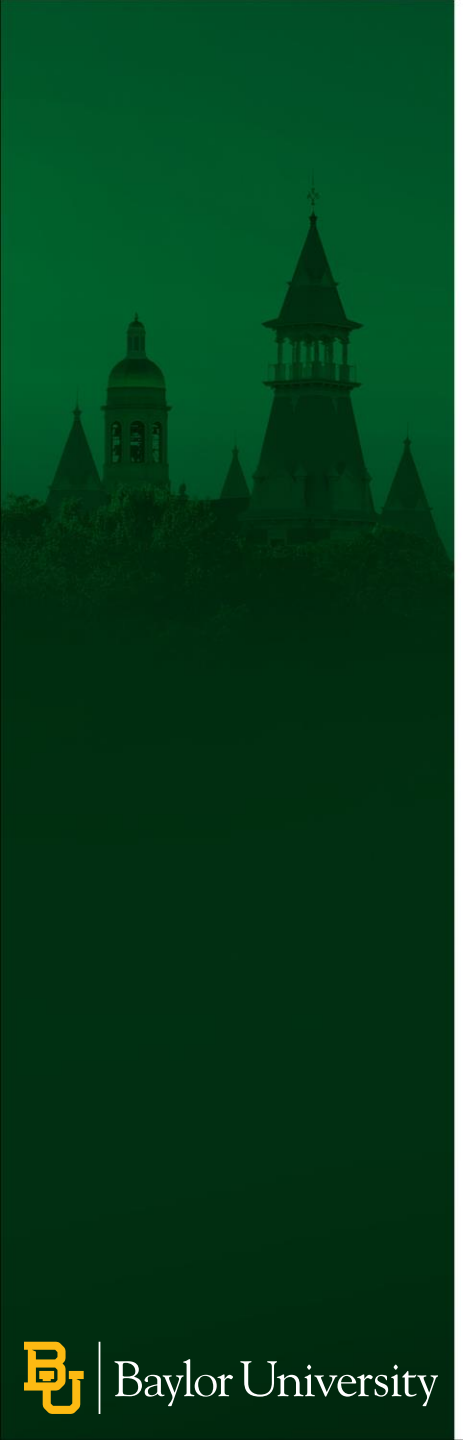
Motivation Assessment Scale: Functions for usage

- **To direct our understanding of the behavior challenge to the intent of the challenge versus the way it appears or makes us feel.**
- **To understand the correlation between the frequency of the challenging behavior and its potential for multiple intents.**
- **To identify those situations in which an individual is likely to behave in certain ways (e.g., requests for change in routine or environment lead to biting).**

Outcomes:

- **To assist in the identification of the motivation(s) of a specified behavior.**
- **To make more informed decisions concerning the selection of appropriate reinforcers and supports for a specified behavior.**

Note: Like any assessment tool, the MAS should be used in an on-going continually developing mode.



Rating Scales

Advantages and Disadvantages

Common Errors in the Process

- FBAs are not conducted
- Interviews, rating scales or direct observation is not part of the FBA
- Generic options used within special education system
- Assessment is not function-based
- No measurable target behavior(s)
  - Off task
  - Noncompliance
- Target behaviors are not specific to any task, setting, person

Reflection:
Indirect Measures

- What do I want to **keep** doing?
- What do I want to **start** doing?
- What do I want to **stop** doing?
- What do I want to **learn more about**?

Direct Observation

ABC MODEL

Finding a Pattern

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Antecedents

- What activity was occurring?
- What were others doing at the time?
- What time of day did the behavior occur?
- What was the noise level?
- Was this a novel or familiar task?
- What were adults doing?
- Who was leading instruction?
- Was it a structured or open-ended activity?

Behavior

- Anything that we can see and measure
  - Examples?
- Challenging behavior
  - Can interfere with the student's learning
  - May result in self injury to injury to others
  - Causes property damage
  - Socially isolates the individual

Consequence

- Anything that comes after the behavior, planned or unplanned

ABC Chart

- An ABC chart is used to determine:
  - What the student is doing that is inappropriate
  - How frequently the target behavior occurs
  - Consistent patterns of consequences for the target behavior
  - Identifiable antecedents
  - Patterns to antecedents
  - Recurring chains of ABC
  - Possibilities for interventions

See Handout!

ABC Analysis

Date____/____/____ Name of Person Observed: _____ Observer: _____

Behavior(s): _____

Date	Time	Antecedent	Behavior	Consequence	Possible Function

Antecedent Behavior Consequence (ABC) Data Collection Form

Student Name: _____Date: _____ Time: _____

Staff Name: _____ School: _____ Location:_____

(Check what happened before)

Antecedent

- ☐ Asked to do something
- ☐ Change in daily routine
- ☐ Whole Group Instruction
- ☐ Small Group Instruction
- ☐ Independent Seat Work
- ☐ Transition Within Class
- ☐ Transition Outside of Class
- ☐ _____

(Check the behavior displayed)

Behavior

- ☐ Off-Task
- ☐ Verbal Aggression
- ☐ Property Destruction
- ☐ Physical Aggression
- ☐ Self-Injury
- ☐ Tantrum
- ☐ Arguing
- ☐ Eloping
- ☐ _____

(Check what you did after behavior was displayed)

Consequences

- ☐ Ignored behavior
- ☐ Lowered demands
- ☐ Redirected student to another activity or action
- ☐ Prompted to ask for break
- ☐ Close Teacher proximity
- ☐ Firm verbal prompt
- ☐ Praised compliance
- ☐ Minimized distractions
- ☐ Restated expectations/rules
- ☐ Time away from activity
- ☐ Removed to new location for _____minutes
- ☐ _____

Comments:

Let’s Practice!

- Disruptive Dan

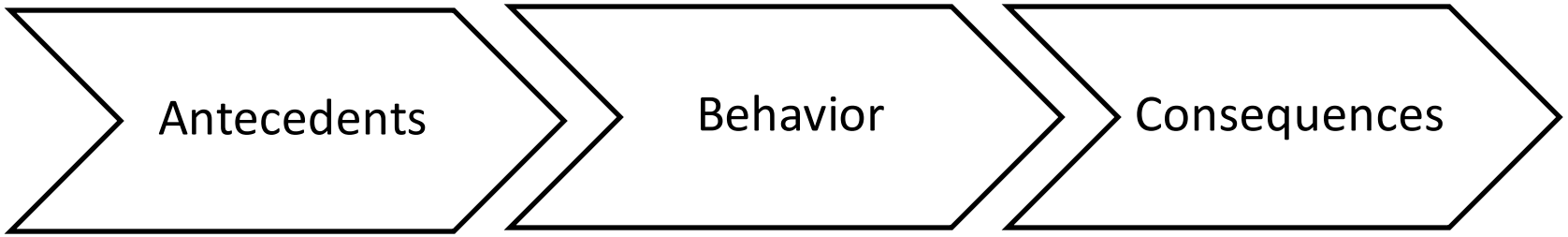
Let’s Practice!

- What were some behaviors you observed?
- What were the antecedents and consequences of those behaviors?

Form a Hypothesis

- Hypothesis should address one or more of the following:
  - The purpose the behavior serves for the client
  - Possible skill deficits
  - How the behavior is related to antecedents and consequences

Shaping Behavior



- Learning involves forming a new relationship between the antecedent and behavior
- Teaching involves manipulating the antecedent and consequence to strengthen or weaken the relationship between the antecedent and the behavior.

Scatterplots

- Assessment tool and means to document change in behavior
- Interval recording method to detect a pattern of behavior and time periods in which the behavior occurs
- Evaluating the patterns of help to identify environmental features that occasion undesirable behavior

Creating a Scatterplot

- Design a grid that is practical to use for data collection
- Divide grid into time/day segments
- Horizontal segments represent successive days
- Vertical segments represent timeframes
- A blank cell represents a zero rate.
- The filled cell represents that the problem behavior occurred during the time segment.
  - Slashes can be used to represent the presence of the behavior in low frequency with a filled cell representing high frequency.

15 MINUTE SCATTERPLOT DATA SHEET

Student Name: _____ School: _____ Grade: _____

Observer(s): _____

Describe Behavior: _____

(be specific, ex: list behaviors such as hitting, kicking, spitting, NOT Aggression)

Key: ■ = Behavior Occurred

☒ = Did not Occur

□ = No Data

Instructions: Fill in the date at the top of the chart. For each 15 min interval, fill in the box according to the key provided. If you were unable to collect data, leave the box blank.

Time		Date																									
From	To																										
		M	T	W	R	F	M	T	W	R	F	M	T	W	R	F	M	T	W	R	F	M	T	W	R	F
7:00	7:15																										
7:15	7:30																										
7:30	7:45																										
7:45	8:00																										
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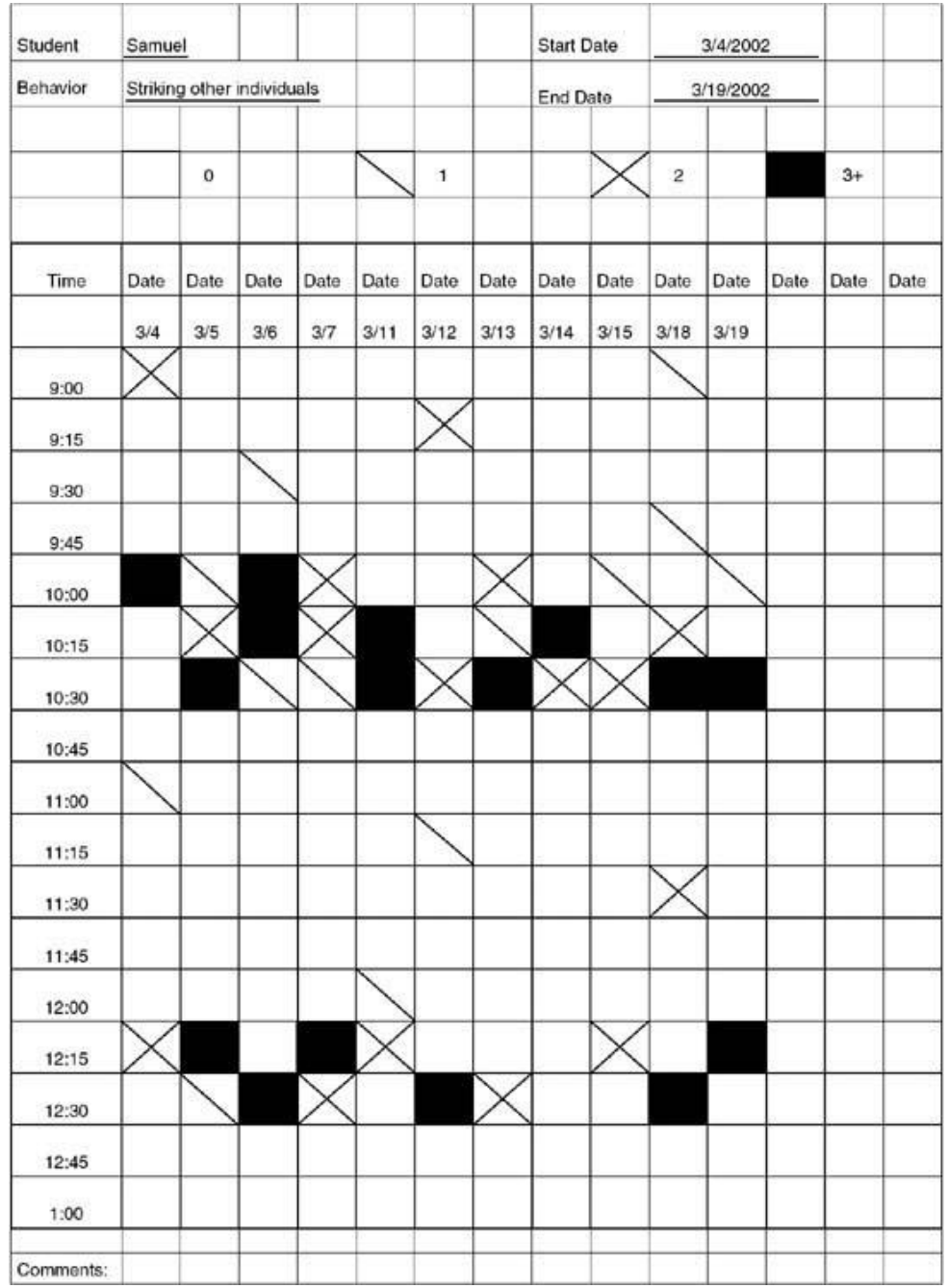
Student
Samuel
Start Date
3/4/2002
Behavior
Striking other individuals
End Date
3/19/2002
0
1
2
3+
Time
Date
3/4
3/5
3/6
3/7
3/11
3/12
3/13
3/14
3/15
3/18
3/19
9:00
9:15
9:30
9:45
10:00
10:15
10:30
10:45
11:00
11:15
11:30
11:45
12:00
12:15
12:30
12:45
1:00
Comments:

Shade in the box which corresponds with occurrence of targeted behavior:

Time	Monday		Tuesday		Wednesday		Thursday		Friday	
8:00-8:30										
8:30-9:00										
9:00-9:30										
9:30-10:00										
10:00-10:30										
10:30-11:00										
11:00-11:30										
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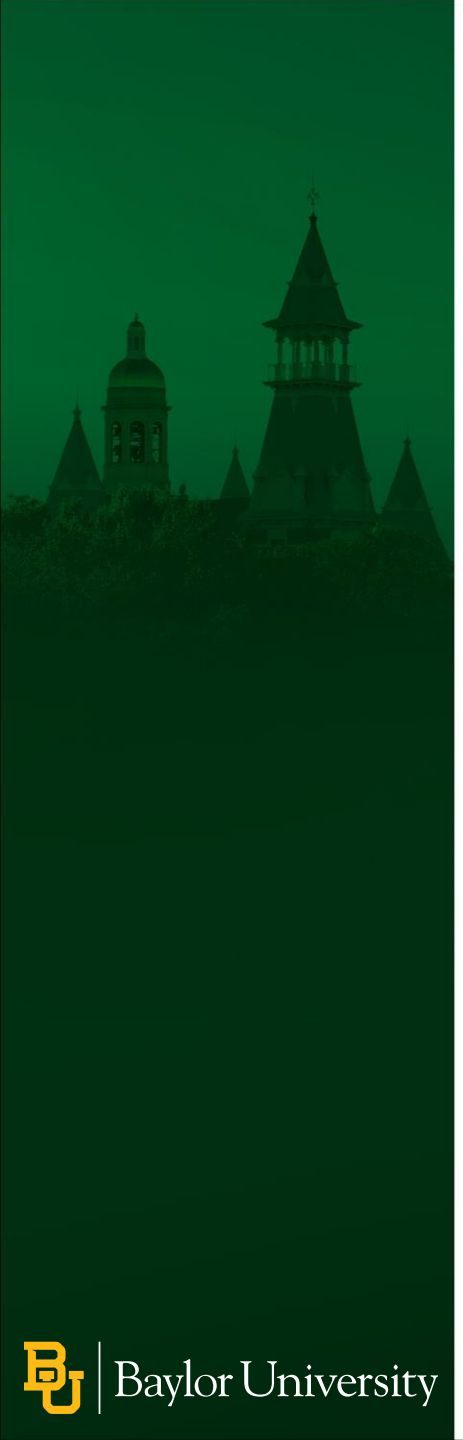
2:30-3:00										
3:00-3:30										



Scatterplots

Advantages and Disadvantages

Factors to Consider…

- Setting events
  - Any incidents or circumstances that occur outside of the immediate situation that makes a behavior more or less likely to occur.
  - Examples
    - Illness
    - Medication
    - Changes in daily routine
    - Lack of sleep
    - Changes in living situation

Factors to Consider…

- Biological:
  - Physical condition of the student
    - Illness, seizures, sleep deprivation, medical side effects, etc. More?
- Environmental:
  - Configuration of the room
  - Characteristics of physical setting
    - Noise, time of day, schedule. More?
- Social:
  - Type of social interaction
  - Presence of specific people

Common Errors in the Process

- Direct classroom observations are not completed as part of the FBA
- Antecedents and consequences are not identified or specified to a specific behavior
- NO DATA!
- No baseline data collected
  - Baselines determine appropriate goals

Reflection:
Direct Measures

- What do I want to **keep** doing?
- What do I want to **start** doing?
- What do I want to **stop** doing?
- What do I want to **learn more about**?

TIME TO CHANGE BEHAVIOR...

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Responding to Challenging Behavior

- Behavior is…
  - Functional
  - Predictable
  - Changeable
    - Make the behavior ***irrelevant*** by altering its predictors
    - Make the behavior ***inefficient*** by teaching appropriate replacement behaviors
    - Make the behavior ***ineffective*** by identifying and eliminating consequences that are maintaining the behavior

1) Review Data and Develop Goals

- Analyze data
- Prioritize target behaviors
- Develop goals
  - Write goals that describe how we want the behavior to change
  - Goal Criteria
    - The condition
    - The behavior
    - Mastery level

See Handout!

2) Develop the Protocol

- Create materials
- Develop teaching procedures
  - Functional communication training
  - Naturalist teaching
  - Identify prompting procedures
- Determine data collection procedures
  - Frequency
  - Rate
  - Duration
  - Latency

2) Develop the Protocol

- Identify potential reinforcers
  - Preference assessments
    - Free operant
    - Paired-stimulus
    - Multiple stimulus with and without replacement
  - Reinforcer surveys
- Determine schedule of reinforcement
  - Frequent (1:1)
  - Intermittent

3) Test the Protocol

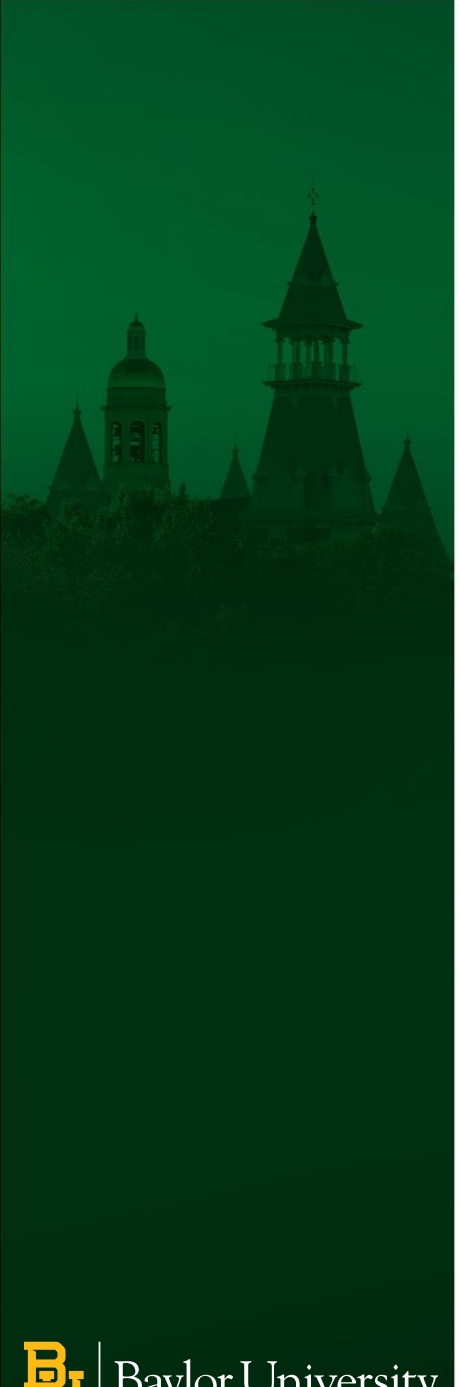
- Tidy it up!
- Assess feasibility
  - Across implementers
  - Across settings on school campus
  - Within current SPED system
- Weigh flexibility against necessity

4) Train the Team

- Train other implementer on each goal
  - Establish criteria
  - Use treatment fidelity checklists
- **Example Goal**: Teacher will be able to independently address challenging behaviors (transition, noncompliance) with 90% accuracy across three consecutive sessions.
- **Example Goal**: Teacher will be able to conduct least-to-most prompting procedures with 90% accuracy across three consecutive sessions.
- Teaching procedures: Behavioral skills training

Common Errors in the Process

- Appropriate replacement behaviors are not identified nor taught
- Assessment is not completed to identify possible reinforcers
- Too many "consequences" that are not specific to situations, settings, people, etc.
- Consequences are all punitive
- Multiple reinforcement schedules are documented
- No systematic response to positive or negative behavior
- No prompting hierarchy to respond to levels of behavior intensity



So, how do we put this all into the FIE and/or the BIP?

Case Scenario

- Referral for an IEE
- Expressed need for ABA services
- Parent and parent lawyer wanted an FBA conducted by a BCBA and targeted goals based in ABA
- Data gathering and review…

FBA Process

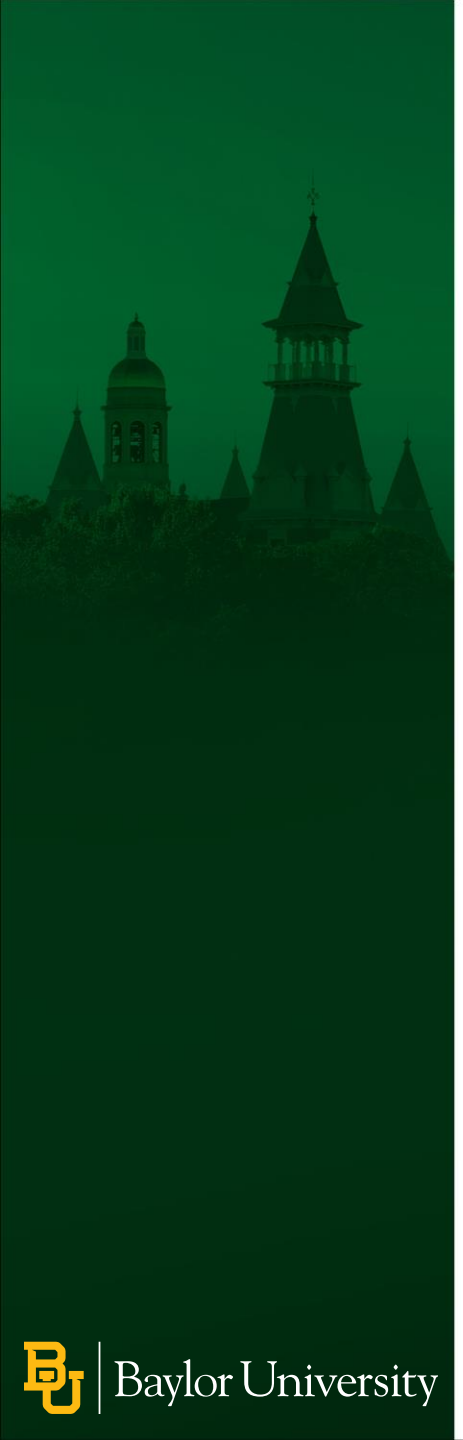
1) Reviewed all student data
2) Conducted Interviews using FBAI
    1) Caregiver
    2) Teacher(s)
3) Conducted classroom observations
    1) ABC data
4) Worked with teacher to identify and define target behaviors and data collection procedures
5) Administered, scored and interpreted rating scales

FBA Process

6) Conducted additional classroom observations
7) Collaborated with teacher to develop draft behavior intervention plan
    1) Target behaviors
    2) Materials (e.g. visuals, reinforcers)
    3) Data collection procedures
    4) Treatment protocol
        1) Prompting procedures
        2) Plan to address severe challenging behaviors
        3) Integration within current special education operating system

FBA Process

8) Tested implementation procedures with teacher
    1) Revised data collection timeframes for specific target behaviors
    2) Revised response to physical aggression, elopement, verbal aggression, and property destruction
    3) Added a crisis plan
9) Consulted with teacher to adapted for feasibility
10) Finalized BIP to input in ARD documentation



SUBJECT: ADAPTIVE BEHAVIOR
TARGET BEHAVIOR: TRANSITION

IEP Goal: By the end of the 20xx-20xx school year, with visual aids, clearly defined limits, frequent breaks, frequent reminders of rules, positive reinforcement, and a visual schedule, Jackson will transition appropriately from tasks, activities and school environments, an average of 80% of the opportunities provide per six weeks, as evidenced by teacher reports/feedback, data collection, and observations.

By the end of the 20xx-20xx school year, Jackson will transition from one activity/setting to another within 10 seconds of the demand without challenging behavior 90% of opportunities across three consecutive days.

Challenging behavior: hitting, kicking, verbal protest, falling to the floor, property destruction

Targets: break to work task; self-contained classroom to general education classroom, lunch to self-contained classroom

SUBJECT: ADAPTIVE BEHAVIOR
TARGET BEHAVIOR: TRANSITION

Date	Target item	Data	Percent correct	Notes
8/21/2021	SC to Gen. Ed	+ - - - - - + +	38%	
	Break to work	- - - - - - + + - - - -	17%	had difficulty with any tasks at table
	Lunch to SC	-	0%	difficult to determine success due to few opportunities

Challenging Behavior Plan

Materials Needed

- Reinforcers, data collection sheet, first/then board, token economy

Target Behavior:

- Noncompliance

Operatation Definition:

- Refusal to comply with teacher directive (e.g. work task, washing hands, cleaning up materials) outside of transition time.

Data Collection Procedures:

- Data collection trial by trial: mark a (+) for the correct response of the task, mark (-) for incorrect responses of the task.

Reinforcement Schedule:

- Fixed ratio (1:1) 1 correct response → Samuel receives descriptive verbal praise
- Three correct responses (3:1) → Samuel receives descriptive verbal praise with edible reinforcer.

Treatment Protocol (step-by-step procedures):

1. Teacher states directive. If Samuel complies within 10 seconds, provide verbal descriptive praise with or without edible. If Samuel does not comply continue to the next steps.
2. Teacher restates directive and allows Samuel 10 seconds to respond. If Samuel does not comply continue to the next steps.
3. If Samuel attempts to engage in other preferred activities, the teacher blocks access, redirects her to an appropriate space, and restates directive and presents First/Then board. *The teacher does not provide any other forms of communication or eye contact related to the challenging behavior.*
4. If Samuel refuses to comply, presents First/Then board, reminder of expectations, visual reminder of edible (show edible to Samuel close to her work tasks). If Samuel does not comply continue to the next steps.If Samuel does not comply continue to the next steps.
5. If Samuel refuses to comply, teacher prompts Samuel to emit an appropriate replacement behavior, "You can say, 'I need a break please.'" If he states that, teacher says, "Great job asking for a break. After the timer goes off, I'll need you to ."
    a. Teacher sets timer for a brief break from task. Breaks do not include any engagement with toys/activities/items. It is just an opportunity to break from the task, not to begin doing any preferred things.
    b. After the time goes off, the teacher approaches Samuel and states, "Break time is over, I need you to _____." If Samuel complies, teacher provides descriptive verbal praise.
6. If Samuel does not comply, the teacher may repeat steps 1-6 until compliance or proceed with least-to-most prompting procedures.

Challenging Behavior- Data Sheet
Date:
Time of day:

Noncompliance	Data – Frequency of Opportunities (x/o)	Notes
Physical Aggression	Data – Frequency	Notes
Verbal Aggression	Data – Frequency	Notes
Property Destruction	Data – Frequency	Notes
Elopement	Data - Frequency	Notes
Transition	Data - Duration	Notes
Break to work		
Class to other environment		

Definitions:
Noncompliance – not following teacher directive within 5 seconds
Physical aggression – kick, hit, slap, bite, scratch
Verbal aggression – verbal protest, scream, cry
Property destruction – swiping off or dumping materials, tearing materials off wall, tearing or attempting to tear materials, knocking over items
Elopement – running out of classroom, escaping work designated work area

Documentation

- BIP goals and data collection methods in the ARD
- Protocols with teaching, prompting and reinforcement strategies with the teacher

Addressing Attention Maintained Behaviors

- Teach alternative ways to gain attention: raise hand, say excuse me, walk over
- Reinforce these behaviors immediately at first, EVERY time they occur
- Ignore undesired behavior but NEVER ignore the individual

Addressing Escape Maintained Behaviors

- Establish rapport
- Increase access to reinforcers
- Decrease task difficulty-break down into smaller parts
- Provide alternative ways to escape

Addressing Tangible-Maintained Behaviors

- Expand interests-limited rewards and reinforcers can increase the intensity of the behavior
- Make preferred items and activities a part of daily life. Enrich the environment.
- Teach learners to ask “when” questions which helps with waiting and accepting “no”

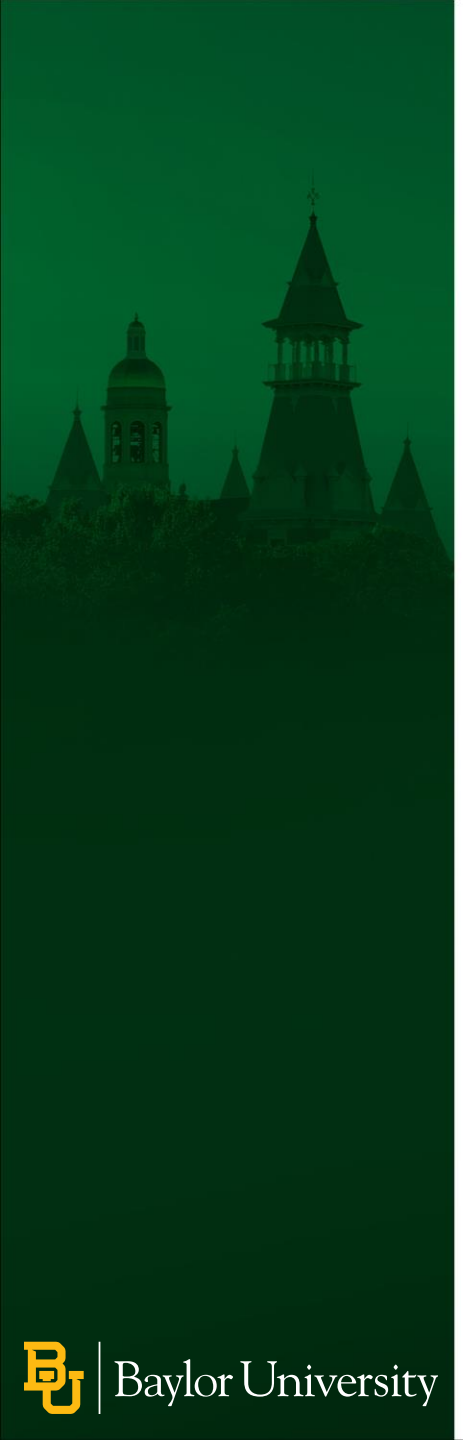
Reflection: Question #6
FBAs and BIPS

- What do I want to **keep** doing?
- What do I want to **start** doing?
- What do I want to **stop** doing?
- What do I want to **learn more about**?

Take Home Points

Objectives

Assessment	Culture	Intervention	FBAs & BIPs
Identify and select research-based assessments for school-based autism screenings and evaluations	Learn how to integrate considerations regarding gender and culture into assessment practices	Understand ways to synthesize data to provide necessary supports for students with ASD	Learn ways to improve the functional behavior assessment process and use them to inform our behavior intervention plans.



Final Reflection...


thank
you