

ASD Assessments and Evaluation Tools



FEBRUARY 11, 2015

Agenda



- MARSE Criteria for ASD
- Ingham ISD ASD Eligibility Guideline Document
- Differentiating ASD From Other Eligibilities
- MTSS/RTI Practices Within ASD Eligibility Determination
- Survey of ASD Assessments
- How Do You Come To A Consensus?

MARSE (2013) Criteria for ASD



- **R 340.1715 Autism spectrum disorder defined; determination.**

(1) Autism spectrum disorder is considered a lifelong developmental disability that adversely affects a student's educational performance in 1 or more of the following performance areas:

- (a) Academic.
- (b) Behavioral.
- (c) Social.

Autism spectrum disorder is typically manifested before 36 months of age. A child who first manifests the characteristics after age 3 may also meet criteria. Autism spectrum disorder is characterized by qualitative impairments in reciprocal social interactions, qualitative impairments in communication, and restricted range of interests/repetitive behavior.

MARSE (2013) Criteria for ASD



(2) Determination for eligibility shall include all of the following:

(a) Qualitative impairments in reciprocal social interactions including at least 2 of the following areas:

(i) Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.

(ii) Failure to develop peer relationships appropriate to developmental level.

(iii) Marked impairment in spontaneous seeking to share enjoyment, interests, or achievements with other people, for example, by a lack of showing, bringing, or pointing out objects of interest.

(iv) Marked impairment in the areas of social or emotional reciprocity.

MARSE (2013) Criteria for ASD



(b) Qualitative impairments in communication including at least 1 of the following:

(i) Delay in, or total lack of, the development of spoken language not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime.

(ii) Marked impairment in pragmatics or in the ability to initiate, sustain, or engage in reciprocal conversation with others.

(iii) Stereotyped and repetitive use of language or idiosyncratic language.

(iv) Lack of varied, spontaneous make believe play or social imitative play appropriate to developmental level.

MARSE (2013) Criteria for ASD



- (c) Restricted, repetitive, and stereotyped behaviors including at least 1 of the following:
- (i) Encompassing preoccupation with 1 or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.
 - (ii) Apparently inflexible adherence to specific, nonfunctional routines or rituals.
 - (iii) Stereotyped and repetitive motor mannerisms, for example, hand or finger flapping or twisting, or complex whole body movements.
 - (iv) Persistent preoccupation with parts of objects.

MARSE (2013) Criteria for ASD



(3) Determination may include unusual or inconsistent response to sensory stimuli, in combination with subdivisions (a), (b), and (c) of subrule 2 of this rule.

(4) While autism spectrum disorder may exist concurrently with other diagnoses or areas of disability, to be eligible under this rule, there shall not be a primary diagnosis of schizophrenia or emotional impairment.

(5) A determination of impairment shall be based upon a full and individual evaluation by a multidisciplinary evaluation team including, at a minimum, a psychologist or psychiatrist, an authorized provider of speech and language under R 340.1745(d), and a school social worker.

IDEA (July 2010)



(c) Definitions of disability terms. The terms used in this definition of a child with a disability are defined as follows:

(1)(i) Autism means a developmental disability significantly affecting **verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance.**

Other characteristics often associated with autism are **engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.**

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

(iii) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (c)(1)(i) of this section are satisfied.

DSM-5 Autism Spectrum Disorder Criteria



- A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive)
1. Deficits in social-emotional reciprocity, ranging, for example from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interest, emotions, or affect; to failure to initiate or respond to social interactions.
 2. Deficits in nonverbal communication behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in making eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
 3. Deficits in developing, maintaining, and understanding relationships, ranging for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or making friends; to absence of interest in peers.

DSM-5 Autism Spectrum Disorder Criteria



- B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive)
 1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g. simple motor stereotypies, lining up toys or flipping objects, echolalia, ideosyncratic phrases)
 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g. extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
 3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g. strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
 4. Hyper- or hypoactivity to sensory input or unusual interest in sensory aspects of the environment (e.g. apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movements).

DSM-5 Autism Spectrum Disorder Criteria



DSM-V recommends specifying severity. They provide a table. The levels in the table are:

Level 1: Requiring support

Level 2: Requiring substantial support

Level 3 Requiring very substantial support

DSM-5 Autism Spectrum Disorder Criteria



- C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- E. These disturbances are not better explained by intellectual disability or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnosis of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

DSM-5 Autism Spectrum Disorder Changes From DSM-4 TR

Source: https://www.regonline.com/custImages/250000/250066/DSM5_PTI_2013.pdf



1. Diagnostic Labels Were Merged – No more Asperger's

2. Three domains reduced to two

- Was social, communication, and repetitive/stereotyped
- Now social/communication and repetitive/stereotyped

3. Merge communication & social interaction

- Persistent deficits in social communication and social interaction, manifest by ALL THREE

4. Removal of language delay criterion

5. Require *more* of restricted, repetitive patterns of behavior, interests, or activities (used to be one, now two)

6. Social (Pragmatic) Communication Disorder:

- Focus on communication, but not repetitive/ restrictive behaviors
- May cover those excluded by requiring 2 criteria

IISD ASD Eligibility Guideline Document



- An ASD Eligibility Guideline document DOES exist (oops).
- Are you using this document to help inform ASD evals?
- If not, what guidance documents are you using?

TEAM TIME



- Let's break in groups of 4.
- Person One and Three in your group reads pages 3-6 of the Eligibility Guideline, starting with Discussion of MDE Definition and ending just before R. 340.1715 (2)(b).
- Person Two and Three in your group reads pages 6-10 of the Eligibility Guideline, beginning with 340.1715 (2)(b) and ending with the criteria for R 340.1715 (5).
- After each team reads their section, share out your observations including:
 - Things that may challenge your thinking about ASD eligibility.
 - Something that confirms your current practice.
 - Any other highlights and/or points of interest.

Differentiating ASD From Other Eligibilities



- The Ingham ISD ASD Evaluation and Eligibility Guideline provides a (personal opinion) good description that may help differentiate ASD from other eligibilities.
- Disorders may be comorbid (except one eligibility and one disorder)
- During an evaluation, if more than one eligibility could be selected, a good “rule of thumb” is determining which of the eligibilities best describe the student’s primary presenting difficulties.

Team Time



- Pick one (or two if you can't decide) eligibility that you have had a difficult time differentiating from ASD.
- Find that eligibility within the Issues of Eligibility handout and read that section (or sections if you picked 2).
- After reading that section (or sections), pick an elbow partner (preferably someone from your ASD eval team) and discuss:
 - Something that confirms your current practice.
 - Anything new that might help you when trying to differentiate eligibility.
 - Useful information that helps you differentiate the eligibilities that is not included in the guideline.
- We will report out to the larger group.

MTSS/RTI Practices Within ASD Eligibility Determination



- Use of RTI/MTSS data that could be collected prior to REED can be good practice for helping to determine goals and adverse impact of educational performance and the MARSE 340.1715 (1) requirement of adverse impact in the areas of...
- **Academic**
 - Examples using MTSS data – Universal screening, progress monitoring, documentation of interventions, state assessment, classroom data, summative and formative data, etc.
- **Behavioral**
 - Data from ODRs, FBA document, BIP document, behavioral progress monitoring, etc.
- **Social**
 - Qualitative data, observations, teacher reports, etc.

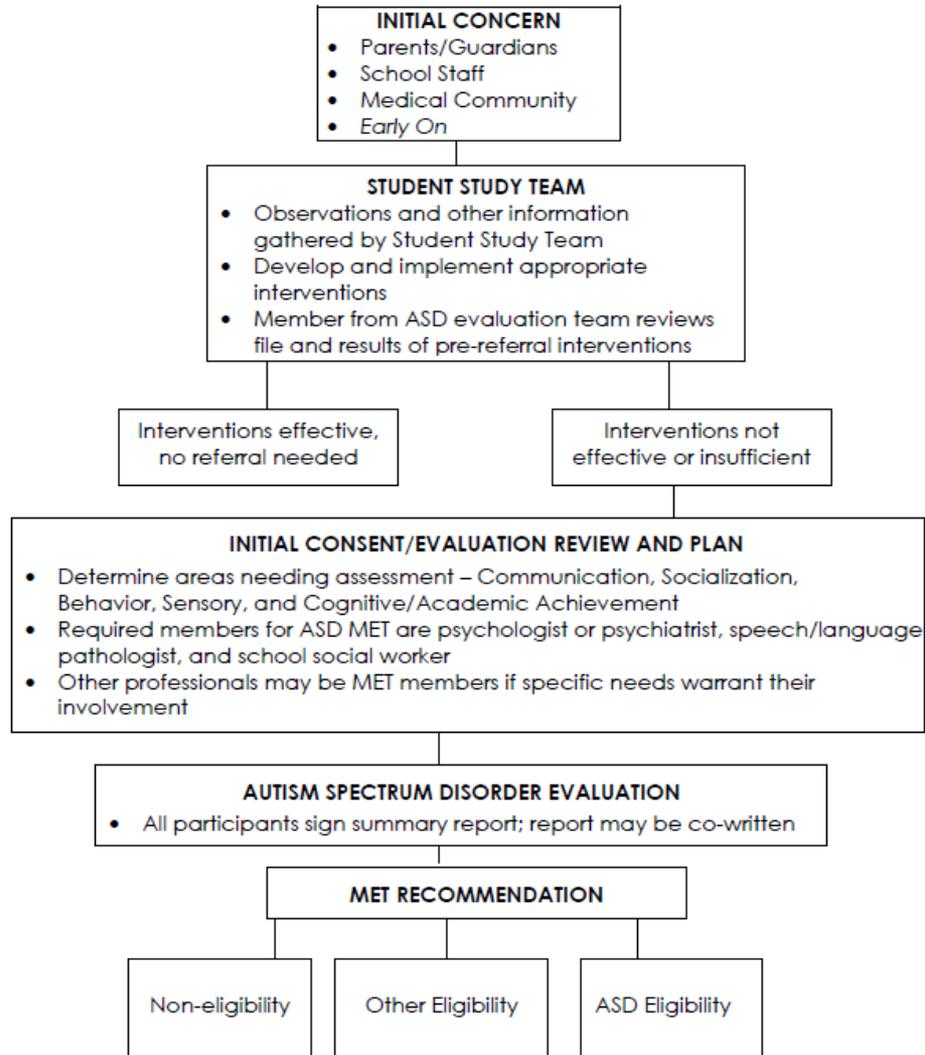
Using RTI For ASD Evals Is Not Always An Option



- There are times that the severity of need and/or behavior necessitate the move to REED before MTSS data can be collected.
- Professional judgment is needed to discern these instances. The need should be clearly evident in these cases.
- Hopefully clearly evident cases occur in early childhood, but life isn't always that simple...

ASD Guideline Initial Referral Flow Chart

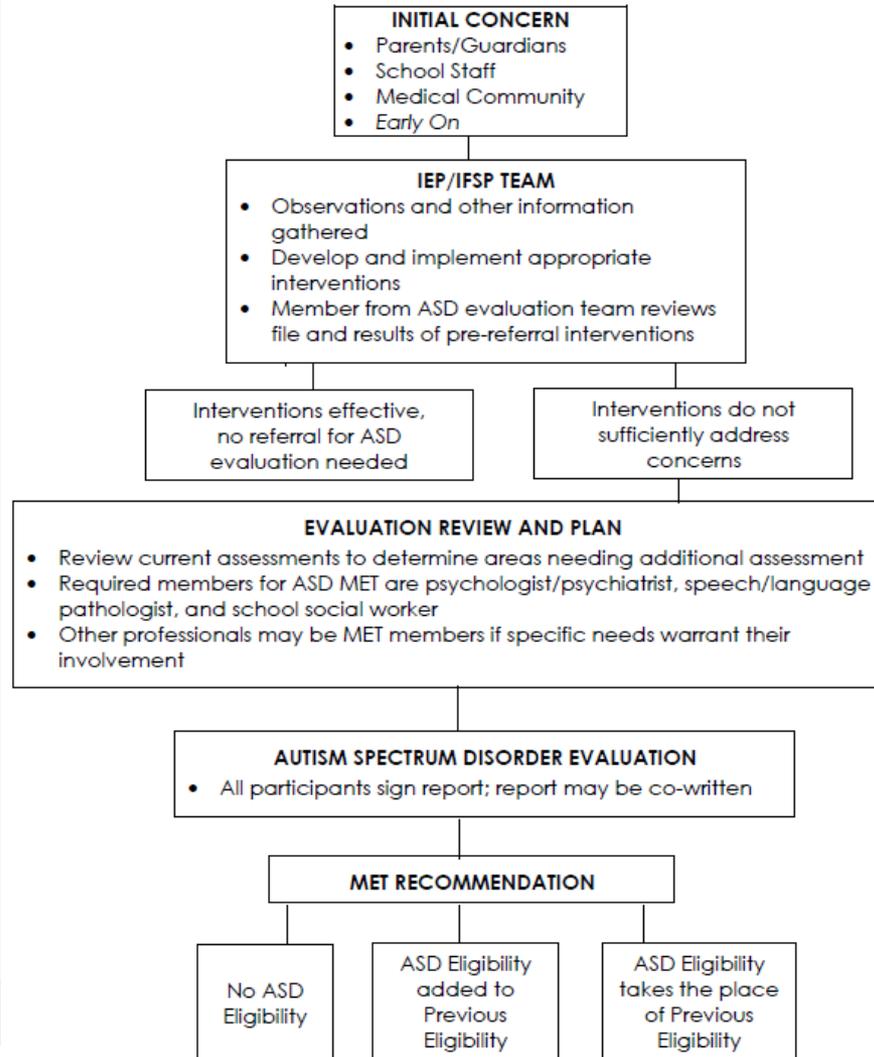
Autism Spectrum Disorder Eligibility Flow Chart for Initial Referrals to Special Education



ASD Guideline Re-Eval Referral Flow Chart



Autism Spectrum Disorder Eligibility Flow Chart for Students Currently Receiving Services



TEAM TIME



- Discuss with your earlier group how MTSS and PBIS practices are part of your evaluations for ASD.
- Discuss times when the use of RTI within MTSS has been an option during ASD evals and times it has not been.
- We'll ask for examples for the large group after informal small group discussion.

Assessment Tools

Central Assessment Lending Library (CALL)

<https://www.cmich.edu/colleges/chsbs/Psychology/call/pages/default.aspx/>

- **ASIEP-3: Autism Screening Instrument for Educational Planning**
- **ADOS-2 (Autism Diagnostic Observation Schedule)**
- **ADI-R: Autism Diagnostic Interview**
- **CARS-2: Childhood Autism Rating Scale**
- **GARS-2: Gilliam Autism Rating Scale**
- **GADS: Gilliam Asperger Disorder Scale**
- **KADI: Krug Asperger Disorder Index**
- **PEP-3: Psycho-Educational Profile**
- **ABLIS-R: Assessment of Basic Language and Learning Skills**
- **VB-MAPP: Verbal Behavior – Milestones Assessment and Placement Program**

Assessments For ASD



- Let's break into three groups:
 - Psychs with me in one part of the room.
 - Speech and language with Lori
 - Social workers with Kris
- What assessments do you use that you find helpful for eligibility (example ASRS)?
- What assessments do you use that you find helpful for writing goals and assessing specific skills (Example SAS)?
- Let's document and share out with large group afterwards to check for overlap.

How Do You Come To A Consensus



- Pre-METs?
- Combined Reports?
 - START agrees with this...
- See example report handout. START also has good ones you can download:
- <https://www.gvsu.edu/autismcenter/cet-centralized-evaluation-team-module-96.htm>

Pre-METs (From START)



- Only Eval Team present (psych, SSW, SLP)
- List all 12 criteria on a board
- Color code information (teacher, parent, eval team)
- Ask BIG question in each area: Is there a qualitative impairment in socialization?...
- Discuss each criterion; check criterion that has been reached.
- Report writing (on computer)

Pre-METS



- Start with the child, not the characteristics
- Integrate quantitative and qualitative information
- Within qualitative assessment, discover whether student meets criteria for ASD
- “Preponderance of the evidence”

Pre-METs (From START)



- **Process**
 - All data sources
 - Determine eligibility / **DECISION**
 - **If eligible as ASD, determine how the ASD is impacting progress in gen ed in the areas of socialization, independence, communication, transition, self-regulation...**
- **Feedback/recommendations provided to building team, parents, coach, sped rep, etc.**

What if there is disagreement? (From START)



- Remember, different purposes (diagnosis versus special education eligibility and IEP development)
- Adherence to strong evaluation process, report is defensible
- Commitment to communication
- Make sure to meet student needs
 - Implementation of Universal Supports
 - Use of SW-PBIS practices

Conversations with Collaborative Partners From START



1. What are those common pieces that both groups need?
2. What about mutual releases of information?
3. Invitation of collaborative partner to REED or evaluation checklist meeting? How can different players be at each other's meetings?

Conversations with Collaborative Partners From START



4. Respecting professional expertise
5. How many different people does the child see during the evaluation process?
6. What happens when parents get conflicting information?
7. What pieces are sensitive?
 - Cognitive information
 - Reporting only ADOS score
 - Recommendations out of context

Don't Forget!



- Eval Forms
- There is another session starting at 12:30.
- Everyone needs to sign in to the new session so they get “credit” for attending.
- There are maps to area restaurants.