

Best Practice for Autism Team Evaluation and Intervention Planning – Part 2

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Can You See It?



Need for a Transdisciplinary Team

A Key Component to Comprehensive Autism
Evaluation

Comprehensive Evaluation

- ▶ “Ideally, the definitive diagnosis of an ASD should be made by a **team** of child specialists with expertise in ASDs.” (p. 1202, emphasis added)

▶ Johnson, Myers, & Council on Children with Disabilities, 2007

Comprehensive Evaluation

- ▶ “To thoroughly evaluate all relevant domains, different areas of expertise...are required. Hence the clinical assessment of individuals with this disorder is most effectively conducted by an experienced interdisciplinary team (Klin & Volkmar, 2003, p. 4).”

▶ Klin, A., & Volkmar, F. (2003) Asperger syndrome: diagnosis and external validity. *Child and Adolescent Psychiatric Clinics of North America*, 12, 1-13.

Need for Comprehensive
Evaluation

Best Practice and Federal Law

Evaluation Procedures

- ▶ In evaluating each child with a disability under this rule, the evaluation shall be **sufficiently comprehensive to identify all of the child's special education and related services needs**, whether or not commonly linked to the disability category in which the child has been classified. [34 C.F.R. § 300.304(c) (6)]

▶

Evaluation Procedures

- ▶ Not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child

▶ 34 Code of Federal Regulations § 300.304. Evaluation procedure

Comprehensive IEP Planning

- ▶ "Educational objectives for children with autism should include the development of:
 - ▶ social skills;
 - ▶ expressive verbal language, receptive language,
 - ▶ nonverbal communications skills;
 - ▶ a functional symbolic communication system;
 - ▶ engagement and flexibility in developmentally appropriate tasks and play;
 - ▶ fine and gross motor skills;
 - ▶ cognitive skills (symbolic play and academic skills);
 - ▶ conventional/appropriate behaviors; and
 - ▶ independent organizational skills and skills for success in a regular classroom." U.S. GAO, *Special*

▶ Education: *Children with Autism*, 36. Washington, D.C., January 2005.

Areas of a Comprehensive Evaluation

- ▶ Developmental history
- ▶ Health history
- ▶ Adaptive skills
- ▶ Psychological evaluation
- ▶ Communication evaluation
- ▶ Cognitive and achievement evaluation
- ▶ Motor
- ▶ Sensory

▶

Need for Expertise

Essential Knowledge and Skills Required

Evaluation Procedures

- ▶ (c) Other evaluation procedures

Each public agency must ensure that —

- (1) Assessments and other evaluation materials used to assess a child under this part —
- (iv) Are administered by **trained and knowledgeable personnel**

▶ 34 Code of Federal Regulations § 300.304. Evaluation procedures (emphasis added)

Team Members

“A job title or position is not a strong indicator of who is appropriately qualified. . . Evaluation professionals must have prior education, training, and supervised experience that includes **extensive** exposure to autism-spectrum disorders.”

(Monteiro, 2006, p.4)
emphasis added

Team Members

“**Expertise** in the area of autism spectrum disorders is much more important to a thorough, accurate diagnosis than particular credentials.”

(Ozonoff, Dawson, & McPartland, 2002, p.46)
[emphasis added]

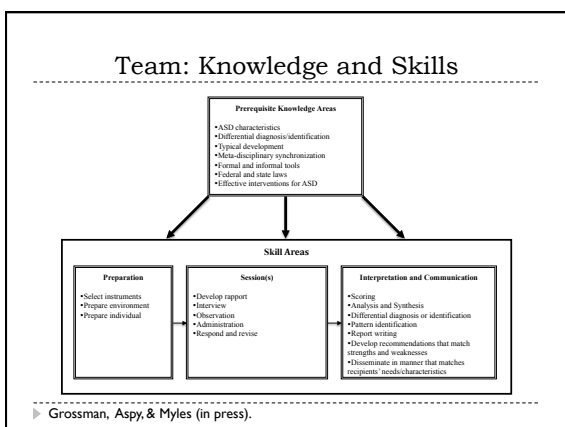
Expert

▶ Having, involving, or displaying special skills or knowledge derived from training or experience.

▶ Merriam-Webster

Considerations: Qualified Team Member

- ▶ How do you get expertise?
- ▶ What does “extensive” exposure to ASD mean?
- ▶ How are you going to know when you are there?



Possible Team Members

- ▶ Psychologist
- ▶ Speech Pathologist
- ▶ Educational Diagnostician
- ▶ Occupational Therapist
- ▶ Teacher
- ▶ Autism Specialist

Types of Team

Multidisciplinary, Interdisciplinary, & Transdisciplinary

Types of Teams

	Multidisciplinary	Interdisciplinary	Transdisciplinary
Testing	Disciplines conduct evaluation in consecutive sessions and in isolation from one another	Disciplines conduct evaluation in consecutive sessions and in isolation from one another	Evaluation is collaborative with multiple team members present during evaluation sessions

Types of Teams

	Multidisciplinary	Interdisciplinary	Transdisciplinary
Decision Making	Conclusions made by case manager or team leader based on compiled information	Conclusions made through consensus with all team members	Conclusions and recommendations made through collaboration and consensus

Types of Teams

	Multidisciplinary	Interdisciplinary	Transdisciplinary
Recommendations	Recommendations made by individual members and then compiled	Recommendations are made through consensus	Recommendations are made through collaboration and consensus

Types of Teams

	Multidisciplinary	Interdisciplinary	Transdisciplinary
Report	Reports are compilation of individual "write ups"	Reports are combination of compilation of individually written sections based on team consensus and collaborative writing	Reports are combination of compilation of individually written sections based on team consensus and collaborative writing


- Team Member Responsibilities**
- ▶ Participate in all aspects of team evaluation
 - ▶ Parent interview
 - ▶ Teacher interview
 - ▶ Observations
 - ▶ Evaluation
 - ▶ Report writing
 - ▶ Parent feedback
 - ▶ Staffing and IEP preparation (goals and programming decisions)

Decision Making Process

- ▶ Active discussion
 - ▶ Look at both sides
 - ▶ Address complicating factors (e.g., history of multiple ear infections; dual language home; history of head injury, etc.) Emphasize these points in the report
 - ▶ Consider the presence of comorbid or alternate diagnoses

Bomb Squad

- ▶ Parents
- ▶ Administration
 - ▶ Resources
 - ▶ Identification rate
 - ▶ Support
- ▶ Staff
 - ▶ Jealousy
 - ▶ Sabotage the team
- ▶ Medical professionals/ outside assessments



A cartoon illustration of a bomb with a lit fuse, set against a green background with a document icon and a person running away from it.


Using evaluation to develop an IEP

Avoiding Legal Landmines

How to Get Zapped

School district failed to:


- ▶ Have people knowledgeable in the area of disability on the IEP team
- ▶ Include the present levels of performance in the IEP
- ▶ Include behavioral goals when needed
- ▶ Include speech/language goals when needed
- ▶ Ensure that IEPs were sufficient to accomplish the IEP goals



A triangular warning sign with a lightning bolt and a downward-pointing arrow.

How to Avoid Being Zapped

- ▶ Involve parents
- ▶ Have staff knowledgeable in ASD
- ▶ Develop IEPs that address needs identified in the evaluation
- ▶ Provide sufficient instruction and programming through IEP
- ▶ Address **BOTH** academic and nonacademic needs (social, communication, behavior) in IEP




A circular prohibition sign (a circle with a diagonal slash) over a lightning bolt and a downward-pointing arrow.

Yell, Katsiyannis, Dragow, & Herbst, (2003). Developing a legally correct and educationally appropriate program for students with autism spectrum disorders. Focus on Autism and Other Developmental Disabilities, 18, 182-191.

How to Avoid Being Zapped

- ▶ Adopt empirically validated instructional strategies and programs
- ▶ Provide ongoing training in validated strategies



Yell, Katsiyannis, Drasgow, & Herbst. (2003). Developing a legally correct and educationally appropriate program for students with autism spectrum disorders. *Focus on Autism and Other Developmental Disabilities*, 18, 182-191.




Legal Foundations

In conducting the evaluation, the public agency must—

- ▶ (1) ... gather relevant **functional, developmental, and academic** information ... including information provided by the **parent**, that may assist in determining—
- ▶ (i) Whether the child is a child with a disability under § 300.8; and
- ▶ (ii) The content of the child's IEP


§ 300.304 [emphasis added]



IEP Development Requirements 614 (d)(3)(A)

- ▶ Requires the IEP Team consider:
 - ▶ Strengths of the child
 - ▶ Concerns of the parents
 - ▶ Evaluation results
 - ▶ Academic, **developmental, and functional needs** of the child

[emphasis added]



The Purpose of Special Education (IDEA)


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

§300.1 (emphasis added)

Pitfalls to Developing and Implementing Meaningful IEP Objectives

Pitfalls to Developing Meaningful IEPs

- ▶ Fail to consider evaluation data



Results:


- ▶ Objectives fail to target critical areas of need

Best Practice:

- ▶ Use evaluation data to create an IEP that addresses all critical needs (academic, developmental and functional needs 614(d)(3)(A)).

Target the Disability

- ▶ For students with ASD, the majority of the IEP objectives should target underlying needs in the areas of social understanding/functioning and communication.



Pitfalls to Developing Meaningful IEPs

- ▶ Failure to consider the developmental level of the child

Result:

- ▶ Setting the target behavior too low or beyond reach defeats both staff and student.

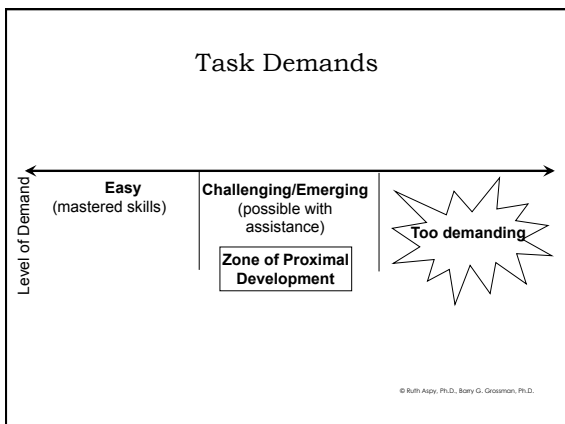
Best Practice:

- ▶ Use evaluation data to set targets. Look at strengths and skills.

IDEA – Findings Sec 601

Almost 30 years of research and experience has demonstrated that the education of children with disabilities can be made more effective by—

- ▶ “(A) having high expectations for such children and ensuring their access to the general education curriculum in the regular classroom, to the maximum extent possible, in order to—
 - ▶ “(i) meet **developmental goals** and, to the maximum extent possible, the challenging expectations that have been established for all children; and
 - ▶ “(ii) be prepared to lead productive and independent adult lives, to the maximum extent possible;



Pitfalls to Developing Meaningful IEPs

- ▶ Failure to involve the parents in developing the IEP

Results:

- ▶ Not considering the whole child. Student’s performance at school is not necessarily the same as his/her performance at home. Miss critical areas.

Best Practice:

- ▶ Include parents (it is also the law)

Involve Parents

- ▶ Parents should be part of the assessment and intervention process [IDEA, NCLB, PBIS, RTI]

- ▶ Parents offer insight that educators require [NCLB-evidenced based]

- ▶ Parents are required members of the team [IDEA, NCLB, RTI]

Pitfalls to Developing Meaningful IEPs

- ▶ Failure to incorporate specific support/ intervention strategies related to the IEP objective.

Results:

- ▶ Having objectives with no supports or strategies is a plan to fail.

Best Practice:

- ▶ Supports and intervention strategies should be documented in the IEP through the accommodations and the BIP (NOT CHECKBOXES)

UCC Item	Strategies	Recommended IEP goal
Difficulty expressing thoughts and feelings	Using picture books, video, mirror, photos, identify basic emotional expressions. Video Bryan in actual interactions. Identify emotional expressions. Ask how he was feeling and show him expressions that match that feeling	With prompting and modeling using visual supports, imitate identified emotions 8 out of 10 times.

UCC Item	Strategies	Recommended IEP goal
Difficulty expressing thoughts and feelings	Narrate own emotions matching to nonverbals. Example, my hands are on my hips and I am frowning. That means that I am aggravated because the dog tore my shoe. Take photographs of Bryan and family members when showing emotion on face and in body language. Have Bryan practice imitating and labeling the emotions.	With prompting and modeling using visual supports, imitate identified emotions 8 out of 10 times.

Pitfalls to Implementation

- ▶ Failure to collect ongoing data on IEP objectives
- ▶ Failure to USE data


Result:

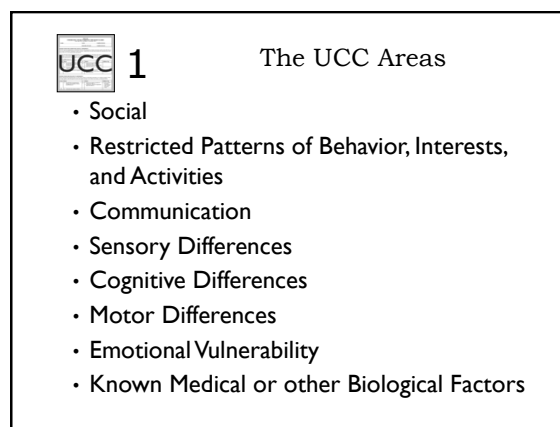
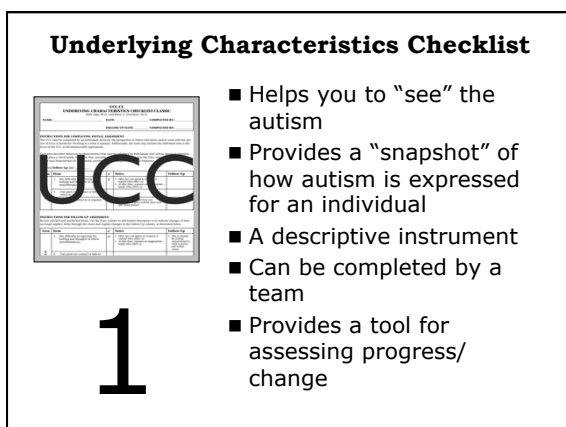
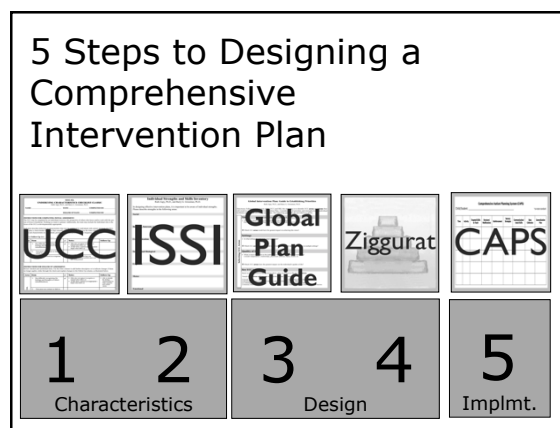
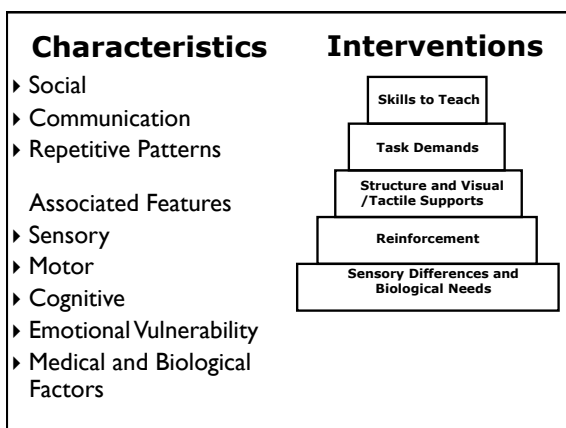
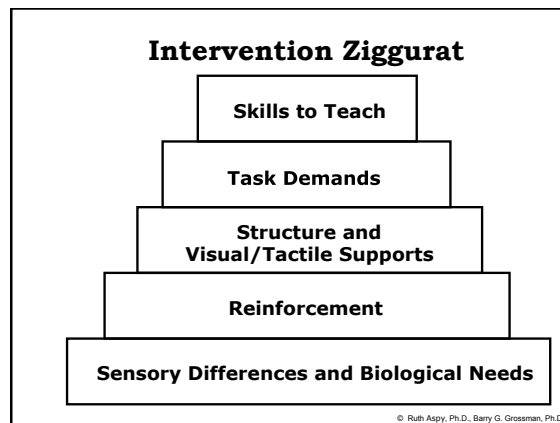
- ▶ Cannot know if the interventions are successful
- ▶ Cannot make needed adjustments

Best Practice:

- ▶ Must collect meaningful data and USE the data in order to ensure that the intervention plan is working.

The Ziggurat Model





UCC 1 UCC-HF for HFA and AS

UCC-HF
UNDERLYING CHARACTERISTICS CHECKLIST-HIGH FUNCTIONING
 Ruth Aspy, Ph.D., and Barry G. Grossman, Ph.D.

NAME: _____ DATE: _____ COMPLETED BY: _____
 FOLLOW-UP DATE: _____ COMPLETED BY: _____

INSTRUCTIONS FOR COMPLETING INITIAL ASSESSMENT:
 The UCC may be completed by an individual; however, the perspective of others who know and/or work with the person of focus is beneficial. Working as a team is optimal. Additionally, the team may include the individual who is the focus of the UCC as developmentally appropriate.

Each item describes behaviors or characteristics that may be exhibited by individuals with autism spectrum disorders. Please place a check beside ALL items that currently apply to the individual. Use the Notes column to describe the behavior and characteristics in more detail, provide specific examples, or indicate frequency, settings, etc.

Projected Follow-up date: _____

Area	Item	Notes	Follow-Up
SOCIAL	1. Has difficulty recognizing the feelings and thoughts of others (mindblindness)	<input checked="" type="checkbox"/> <ul style="list-style-type: none"> Does not recognize when classmates "bite or "eat her up" After being corrected at home, she repeatedly asks her parents if they are still angry In role plays, she can accurately identify the feelings of others 4 out of 10 times 	

UCC 1 UCC-CL for Autistic Disorder

UCC-CL
UNDERLYING CHARACTERISTICS CHECKLIST-CLASSIC
 Ruth Aspy, Ph.D., and Barry G. Grossman, Ph.D.

NAME: _____ DATE: _____ COMPLETED BY: _____
 FOLLOW-UP DATE: _____ COMPLETED BY: _____

INSTRUCTIONS FOR COMPLETING INITIAL ASSESSMENT:
 The UCC may be completed by an individual; however, the perspective of others who know and/or work with the person of focus is beneficial. Working as a team is optimal. Additionally, the team may include the individual who is the focus of the UCC as developmentally appropriate.

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Projected Follow-up date: _____

Area	Item	Notes	Follow-Up
SOCIAL	1. Has difficulty recognizing the feelings and thoughts of others (mindblindness)	<input checked="" type="checkbox"/> <ul style="list-style-type: none"> Often does not appear to recognize or respond when others cry At other times, responses are inappropriate - laughs when others cry 	

UCC 1 UCC EI for B-5

Area	Item	Age of Significance	Notes	Indicators of Mastered or Emerging Skills
SOCIAL	Does not respond to the emotional expressions of familiar others	7 Months		
	Does not use sustained and purposeful eye contact or watch faces intently	3 Months		
	Shows little interest in or response to positive social communication/initiations (e.g., cheerful/playful voice or baby-talk)	7 Months		
	Does not seek others' attention in order to share an experience (e.g., bring an object to show or point out an item or person)	14 Months		

Individual Strengths and Skills Inventory

ISSI

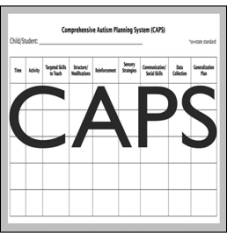
- Social
- Behavior, Interests, and Activities
- Communication
- Sensory
- Cognitive
- Motor
- Emotional

2


Comprehensive Autism Planning System

CAPS

5



Failure to address *critical* areas of need places districts in peril of legal recourse.



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