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Roles and Responsibilities of Speech- Language Pathologists in Diagnosis, Assessment, and Treatment of Autism Spectrum Disorders Across the Life Span

Ad Hoc Committee on Autism Spectrum Disorders

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**About This
Document**

This position statement is an official policy of the American Speech-Language-Hearing Association (ASHA). It was developed by ASHA's Ad Hoc Committee on Autism Spectrum Disorders. Members of the committee were Amy Wetherby (chair), Sylvia Diehl, Emily Rubin, Adriana Schuler, Linda Watson, Jane Wegner, and Ann-Mari Pierotti (ex officio). Celia Hooper, vice president for professional practices in speech-language pathology, 2003–2005, served as the monitoring officer. The ASHA (2001) Scope of Practice in Speech-Language Pathology states that the practice of speech-language pathology includes providing services for individuals with disorders of pragmatics and social aspects of communication, which would include individuals with autism spectrum disorders. This also includes individuals with severe disabilities and language disabilities in general. The ASHA (2004) Preferred Practice Patterns for the Profession of Speech-Language Pathology are statements that define universally applicable characteristics of practice. It is required that individuals who practice independently in this area hold the Certificate of Clinical Competence in Speech-Language Pathology and abide by the ASHA (2003) Code of Ethics, including Principle of Ethics II, Rule B, which states that “individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience.” This statement (LC_SLP/SLS_1-2006) was approved by ASHA's Speech-Language Pathology/Speech or Language Science Assembly of the Legislative Council on February 3, 2006.

Position Statement

It is the position of the American Speech-Language-Hearing Association (ASHA) that speech-language pathologists play a critical role in screening, diagnosing, and enhancing the social communication development and quality of life of children, adolescents, and adults with autism spectrum disorders (ASD). The core features of ASD include impairments in reciprocal social interaction, impairments in verbal and nonverbal communication, and restricted range of interests and activities, which are due to neurobiological factors. There is great heterogeneity in this population, evident in a broad range of cognitive, social, communication, motor, and adaptive abilities. Integral to the diagnostic criteria, all individuals with ASD are challenged in the area of social communication. Thus, many individuals with ASD have difficulty acquiring the form and content of language and/or augmentative and alternative communication systems, and all have needs in acquiring appropriate social use of communication. Therefore, problems in use of language and communication are overarching because ASD is primarily a social communication disability. These challenges result in farreaching problems, including difficulties with joint attention, shared enjoyment, social reciprocity in nonverbal as well as verbal interactions, mutually satisfying play and peer interaction, comprehension of others' intentions, and emotional regulation. Due to the nature of ASD, family members, peers, and other communication partners may encounter barriers in their efforts to communicate and interact with individuals with ASD. Therefore, the speech-language pathologist's role is critical in supporting the individual, the environment, and the communication partner to maximize opportunities for interaction in order to overcome barriers that would lead to ever-decreasing opportunities and social isolation if left unmitigated.

Individuals with ASD should be eligible for speech-language pathology services due to the pervasive nature of the social communication impairment, regardless of age, cognitive abilities, or performance on standardized testing of formal language skills. As mandated by the Individuals with Disabilities Education Improvement Act of 2004 (Pub. L. 108-446), speech-language pathologists should avoid applying a priori criteria (e.g., discrepancies between cognitive abilities and communication functioning, chronological age, or diagnosis) and make individualized decisions on eligibility for services. Because formal assessment tools may not accurately detect problems in the social use of language and communication, eligibility may need to be based on clinical judgment and more informal, observational measures.

Appropriate roles for speech-language pathologists include but are not limited to the following:

1. **Screening:** Speech-language pathologists play a critical role in screening and early detection of individuals at risk for ASD and makes referrals to experienced professionals for diagnosis and intervention services.
2. **Diagnosis:** Speech-language pathologists who acquire and maintain the necessary knowledge and skills can diagnose ASD, typically as part of a diagnostic team or in other multidisciplinary collaborations, and the process of diagnosis should include appropriate referrals to rule out other conditions and facilitate access to comprehensive services.
3. **Assessment and Intervention:** Speech-language pathologists should prioritize assessment and intervention in those aspects of development that are critical to the achievement of social communication competence and that honor and adapt to differences in families, cultures, languages, and resources. Speech-language pathologists should recognize the guidelines and active components of effective, evidence-based practice for individuals with ASD. They should draw on empirically supported approaches to meet specific needs of children with ASD and their families, thereby incorporating family preferences, cultural differences, and learning styles. Speech-language pathologists should assist communication partners in recognizing the potential communicative functions of challenging behavior and designing environments to support positive behavior. Embracing a broad view of communication, speech-language pathologists should assess and enhance the following:
 - the initiation of spontaneous communication in functional activities across social partners and settings;
 - the comprehension of verbal and nonverbal communication in social, academic, and community settings;
 - communication for a range of social functions that are reciprocal and promote the development of friendships and social networks;
 - verbal and nonverbal means of communication, including natural gestures, speech, signs, pictures, written words, functional alternatives to challenging behaviors, and other augmentative and alternative communication systems;
 - access to literacy and academic instruction and curricular, extracurricular, and vocational activities.

4. Working With Families: Speech-language pathologists should form partnerships with families in assessment and intervention with individuals with ASD because effective programs have active family involvement. Speech-language pathologists should provide counseling, education and training, coordination of services, and advocacy for families.
5. Collaboration: Speech-language pathologists should collaborate with families, individuals with ASD, other professionals, support personnel, peers, and other invested parties to identify priorities and build consensus on a service plan and functional outcomes.
6. Professional Development: Speech-language pathologists should participate as trainers and trainees in preservice and continuing education designed to prepare and enhance the knowledge and skills of professionals who provide services for individuals with ASD.
7. Research: Speech-language pathologists should be informed of current research and/or participate in and advance the knowledge base of the nature of the disability, screening, diagnosis, prognostic indicators, assessment, treatment, and service delivery of individuals with ASD.
8. Advocacy: Speech-language pathologists also play an important role as advocates for individuals with ASD in promoting social communication skills that lead to greater independence in home, school, work, and community environments and greater participation in social networks.

The broad impact of the social communication challenges and problems with generalization for individuals with ASD necessitates service delivery models and individualized programs that lead to increased active engagement and build independence in natural learning environments. Speech-language pathologists should recognize the importance of family involvement and collaboration with a variety of professionals and communication partners, the facilitation of peer-mediated learning, the continuity of services across environments, and the importance of matching service delivery to meaningful outcomes. Speech-language pathologists should provide services that are connected with functional and meaningful outcomes. Therefore, they should provide pull-out services only when repeated opportunities do not occur in natural learning environments or to work on functional skills in more focused environments. Because of the limited impact of pull-out services focused on discrete skills, speech-language pathologists should ensure that any pull-out services are tied to meaningful, functional outcomes and incorporate activities that relate to natural learning environments.

References

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