TRI-STATE WEBINAR SERIES

Educational Identification Case Studies:
Serious Emotional Disability, ASD or Both?

Presented by:
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Tri-State Autism Spectrum Disorder Webinar Series

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Presenter Information

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Overview

This webinar builds on the content presented in a previous Tri-State Webinar:

Differential Identification of Serious Emotional Disability and ASD (Hepburn), March, 2019.

2019 Presentation Summary

1. Conducting evaluations for serious emotional disability (SED) or ASD is complex and challenging.

2. There are specific aspects of the evaluation process that will help to inform whether SED or ASD is most appropriate for a student.

3. Research from educational and clinical sources provides us with some helpful clues about which behaviors are more likely to correspond with each category.

Today's Webinar

- The goal of this webinar is to present a case study that illustrates some of the challenges and outcomes of differential identification.

Learner Objectives

The Learner will analyze a case study AND

- Demonstrate knowledge of what behaviors to assess and how to assess them

- Identify who to collaborate with in this process

- Develop a working model for how to think about educational impact for individual students

Quick Review of Definitions

"**Emotional disturbance** means a condition exhibiting one or more of the following characteristics **over a long period of time** and to a **marked degree** that **adversely affects** a child's educational performance:

An <u>inability to learn </u>that cannot be explained by intellectual, sensory, or health factors.

An <u>inability to build or maintain satisfactory interpersonal relationships </u>with peers and teachers.

<u>Inappropriate types of behavior or feelings </u>under normal circumstances.

IDEA, 2004   (cont.) →

SED Definition (continued)

"A general <u>pervasive mood</u> of unhappiness or depression.

A tendency to develop <u>physical symptoms or fears</u> associated with personal or school problems.

Emotional disturbance includes schizophrenia. The term **does not apply to children who are socially maladjusted**, unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section."

"A child with an **Autism Spectrum Disorder (ASD)** is a child with a **developmental disability** significantly affecting **verbal and non-verbal social communication** and **social interaction**, generally evidenced **by the age of three.**

Other characteristics often associated with engagement in **repetitive activities** and **stereotyped movements**, **resistance to environmental changes** or **changes in daily routines**, and **unusual responses to sensory experiences**."
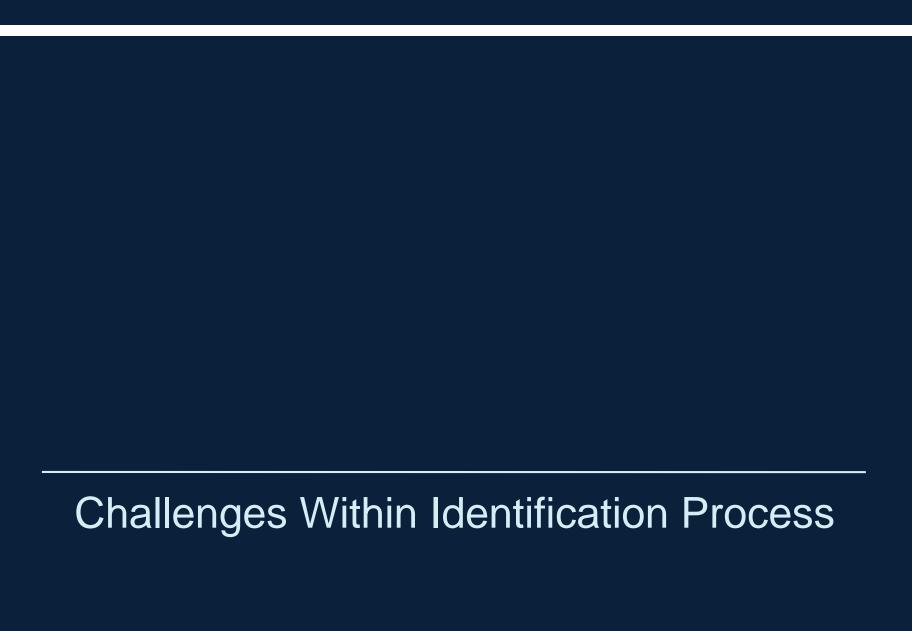
"The Autism Spectrum Disorder prevents the child from receiving reasonable educational benefit from general education as evidenced by **at least one characteristic** in **each of the following three areas:**

(1) The child displays **significant difficulties or differences or both in interacting with or understanding people and events…**

(2) The child displays **significant difficulties or differences, which extend beyond speech and language to other aspects of social communication, both receptively and expressively**.

(3) The child seeks consistency in environmental events to the point of exhibiting **significant rigidity in routines** and **displays marked distress over changes in the routine**, and/or has a **significantly persistent preoccupation** with or attachment to objects or topics."

Autism Spectrum Disorder (ASD):
www.cde.state.co.us/cdesped/asd_guidelines_rev2018feb

Challenges Within Identification Process

Co-Occurrence of Conditions is Common

When disorders co-occur, the impact is usually more severe than when they occur alone (Kessler et al., 2005)

Forness et al., 2016; Siperstein, Wiley & Forness, 2011

Cultural Issues Impact Identification of SED and ASD

SED

Fewer students identified than expected, given epidemiological data

ASD

Not all children have access to clinical evaluations for ASD- making ED ID critical

BOTH CONDITIONS

Some evidence for disproportional representation by race and gender

Forness et al., 2016; Siperstein, Wiley & Forness, 2011; Hanchon & Allen, 2017; Harris et al., 2002; Hepburn, 2019 (review)

What to Investigate to Inform Differential Identification of ASD & SED

- Impact across settings
- Developmental history
- Health history
- Family history
- Onset
- Course
- Severity of impairment

Best Practices in Educational Identification

Use a multi-method, multi-informant, multi-setting assessment strategy

- -- Observations
- -- Teacher interview & rating scales
- -- Parent interview & rating scales
- -- Student interview & rating scales
- -- Record review

Assess strengths and interests

Collaborate with the family

Adopt a scientific decision-making model

(Carter, Briggs-Gowan, & Davis, 2004; Hanchon & Allen, 2017)

Case Example: Alexa

Child Description*

- 8-year old
- Female
- Caucasian
- 2nd-grade
- No documented developmental delays or challenges in school until this year
- Loves llamas & all things French

*fictional; amalgam of several children encountered in school consultations over past 20+ years; photos do not depict real people

Family Description

- 2-Parent household – parents married 10 years; father is professional in tech industry; mother is a teacher but has not been working outside the home since 2nd child was born

- Younger brother (4 y.o.) is delayed in communication skills, very active & tantrums often, being evaluated for possible ASD at a local clinic sometime soon

- Family life is stressful & chaotic (per parents)

- Maternal grandparents live locally and help out

Medical/Developmental History

- Born prematurely (34 weeks), in NICU briefly

- No significant illnesses or injuries since

- Walked and talked on time; a little clumsy

- Slightly underweight; picky eater

- No allergies

History (cont.)

- Family history: depression, anxiety, brother suspected of having autism but not confirmed

- Previous Evaluations: a clinical evaluation for separation anxiety as a preschooler; received a diagnosis and a psychologist helped family; resolved; briefly re-emerged in kindergarten, but soon resolved

Educational History

- Attended Montessori preschool, where she thrived

- Kindergarten-first grade went well
  - Reading skills were good
  - No social problems noted – played well with others
  - Behaved well in class

- Now, in 2nd grade, she's falling behind academically
  - Achievement in reading has not advanced
  - Math skills are significantly behind her peers
    - Poor number sense
    - Difficulty with spatial concepts

Current Concerns

- Academic achievement lagging, even with rTI in place
- Attention
    - Inconsistent; often distractible
    - Not focused on right things; gets stuck on details
- Emotional regulation (Anxiety? Depression?)
    - Cries easily and often – seems serious or sad much of time
    - Mood changes quickly and it's difficult to get her back on track
    - Emotional responses seem out of proportion
- Social interactions with peers
    - Limited social skills
    - Few friendships
    - Seeks adult attention more than other children
    - Emotionality seems to upset other children

Step 1: Obtain Permission to Evaluate

- Case Manager contacts parents & sets up a meeting to discuss concerns & obtain permission for eligibility evaluation

  - Explains to parents

  - Given current concerns, will be focused on social-emotional, attention, school behaviors and social-communication skills

Step 2: Engage Collaborators & Develop an Assessment Plan

Collaborators

SLP

School Psych

OT

Teachers

Counselor

Methods

Observations

Parent Interview & Checklists

Teacher Interview & Checklists

Speech-Language Assessment

School Psychologist Assessment

Occupational Therapy Assessment

Record Review

Step 3: Interview Teachers

"Shy", "usually pleasant", "kind", "polite"; "helpful"

"in her own world…doesn't seem to realize when I'm giving directions to everyone – and that it includes her"

"just not on the same page as everyone else…falling behind"

"hesitant about everything….very slow to get used to anything new and needs a lot of help to get started on work"

"good reader…loves to go through series'…but doesn't like math at all and has very little number sense"

Step 3: Teachers (cont.):

"…gets stuck on things easily – can't let go of it when she's got something in her head – could be something that's going to happen or that happened some time in the past – not even the recent past"

"overreacts to little things and then under-reacts to actual problems…really hard to help her calm down when upset"

"cries several times per day; seems fragile and sad"

"tells on other children a lot – even really small stuff – which doesn't endear her to the other children but she seems not to notice"

Step 4: Interview Parents

"…can be very sweet and loving"; "funny"; "smart"; "loves animals and cares a lot about how they are treated"

"kind but can also be difficult – more difficult at home than ever was at school, like she worked hard to hold it together during the day and then came home and fell apart"

"Can be very argumentative…fights us on everything some days and then other days is just fine"

"Gets confused about other kids a lot…will come home and tell us stories about what happened at school and just doesn't seem real or accurate"

Step 4: Parents(cont.):

As a preschooler – played well with other kids

Liked pretend play, although probably followed other kids' ideas more

Would get very enthusiastic about her interests and then shift

Always seemed like a pretty happy kid until middle of first grade

Never slept well – still doesn't sleep independently

Pretty active physically – plays all afternoon on backyard swing; seems like she's always in motion

Hard on herself – gets upset if she makes a mistake; perfectionistic about some things and not at all about others (e.g., hygiene)

Step 5: Observations

- Structured
  - Language Arts (large group & small group)
  - Math (large group & independent work(
  - Physical Education (large group)

- Unstructured
  - Recess
  - Lunch

Step 6: Direct Testing: Speech Language Pathologist

Constructs

Core language

Pragmatics

Measures

CELF-4

TOPL

Shared Interview

Children's Communication Checklist

Step 6: Direct Testing: School Psychologist

Constructs

Social Skills

Emotion Regulation

Mood/Anxiety

Social Reciprocity

Cognition (IQ)
  Verbal
  Nonverbal

Measures

Social Skills Rating Scale

Behavior Assessment Rating Scales

Behavior Inventory of Executive Function

Childhood Anxiety Symptoms Test

Social Responsiveness Scale

Stanford-Binet 5

Step 6: Direct Testing: Occupational Therapist

Constructs

Responsiveness to environment

Self-care skills

Independence in school setting

Sensory responsiveness

Measures

School Function Assessment

Adaptive Behavior Assessment Scales

Short Sensory Profile

Step 7: Pulling it All Together

- Everyone summarizes the findings of their parts of the evaluation

- One team member integrates the findings into one document

Step 8: Team Meets with Family

Team meets with the parents to review the results & discuss eligibility; and if eligible, to identify what category is most appropriate

Discussion needs to be honest, data-driven, compassionate and objective

Listening to family concerns/issues/questions will be critical to good home-school collaboration

**If at all feasible – consider asking the family if they want to hear the results in a smaller meeting, with fewer people at the table; then hold a second meeting to plan IEP; may require a legal release but would be better for most parents psychologically

Findings

Findings: School Observations

Findings: School Psychologist

- Estimated Full Scale IQ: 102
  - Verbal IQ = 116
  - Nonverbal IQ: 82
    - Processing Speed is 74

Findings: School Psychologist

- Behavior Assessment Scale for Children (BASC)
    - Teacher Report: Significant for Attention, Atypicality, Anxiety/Internalizing Behaviors
    - Parent Report: Significant for Anxiety/Internalizing

- Childhood Anxiety Symptoms Test (CAST)
    - Parent Report: Significant for Overall Score & Social Anxiety

- Social Skills Rating Scales
    - Teacher: Significant for Social Interaction, Play, Social Understanding
    - Parent: Significant for Social Interaction

Findings: School Psychologist (cont.)

- Social Responsiveness Scale (SRS)
  - Teacher Report: Significant for Overall Score & Social Motivation & Social Communication

  - Parent Report: Significant for Overall Score, Social-Communication, Social Awareness & Repetitive Activities

- Behavior Rating Inventory of Executive Function
  - Teacher Report: Significant for Initiation,Shifting Attention, Planning/Organization, Organization of Materials, Metacognition
  - Parent Report: Significant for Initiation, Shifting Attention

Findings: Speech-Language Pathologist

- Children's Evaluation of Language Fundamentals
  - Expressive Language: within average range

  - Receptive Language: 2 standard deviations below the mean

- Pragmatics Measures
  - Problems observed in perspective-taking, emotional understanding, ability to generate novel solutions to social problems, conversational skills, adjusting to audience and context

Findings: Occupational Therapist

- School Function Assessment
  - Problems in Initiation, Persistence, Task Preparation, Independent Work Completion, Asking for Help, Self-Monitoring

- Adaptive Behavior Assessment Scales
  - Overall scores for teacher and parent report of independence fall more than 2 standard deviations below mean
  - Inconsistent with overall IQ (average)

- Short Sensory Profile
  - Overly responsive to sounds & touch
  - Under-responsive to taste, proprioceptive input

Summary of Findings

Intellectual potential = uneven; average for verbal skills; below average in non-verbal problem-solving; particular difficulty in processing speed

Core language skills: average expressive; below average receptive

Pragmatics: multiple difficulties noted

Adaptive Skills: lower than expected given IQ overall

Attention/Executive Function Skills: difficulties in multiple aspects

Sensory responsivity: dysregulation reported

Anxiety: significant symptoms noted

Question 1: Can student access general education curriculum?

or is there evidence for impact of one or more conditions that necessitates specialized education?

Evidence for Educational Impact

Achievement in 2nd grade curriculum is lower than expected, particularly in reading comprehension and math; notable given IQ

Adaptive skills (social, communication, self-care) and school behaviors are lower than expected for age and IQ

Student attendance is inconsistent and she is refusing to come to school in the morning at least 2 times per week

Evidence for Impact (cont.)

Observations in structured settings suggest

Student requires frequent individualized instruction to follow class instructions (group verbal instructions aren't sufficient; even individual instructions require visual supports)

Activities need to be modified for her to complete them in time allowed

Student does not maintain attention to tasks after 2-3 minutes without adult support

Without specialized supports, student is on-task less than 20% of observed intervals

Without adult assistance, student is not engaged with peers during recess or lunch; student is not able to participate actively in small group learning opportunities

Question 1: Can student access general education curriculum without specialized supports?

Answer: No. There is substantial evidence for impact on access to general education.

Question 2: What eligibility category is most relevant to this adverse educational impact?

If there is more than one, which is primary?

Eligibility Categories to Consider

Social-Emotional Disability

Autism Spectrum Disorder

Other Health Impairment (for Attention)

Guiding Principles:
Connecting Eligibility Categories to Impact

Think about relevance

- Which category provides the most useful connections to the observed impact?

- Ask yourself: If this student were to transfer to a school across the country, what eligibility category is the best one to lead with – the primary or most critical descriptor of this learner's challenges?

Guiding Principles:
Connecting Eligibility Categories to Impact

Think about simplicity

- Which category addresses multiple impacts most succinctly?

- Ask yourself: If you had to choose one category to serve as a shorthand to her educational team about what she is dealing with, what would that be?

Guiding Principles:
Connecting Eligibility Categories to Impact

Think about how you want parents, educators and the student to conceptualize the source of her challenges

If the child needs adults to understand that past experiences (such as trauma or poor attachment to others) has shaped her learning history, such that her school performance is likely to improve as her adjustment and/or coping skills improve, then SED is most appropriate.

If the child needs adults to understand that her brain and nervous system are developing atypically, such that her school performance is likely to be improved as educational interventions accommodate her neurological differences, then ASD is most appropriate.

Guiding Principles:
Connecting Eligibility Categories to Impact

Think about identifying a primary and a secondary eligibility category

Which category exerts the **most relevant influence** on the student's school functioning? (This is your primary educational identification category).

Which category **adds necessary complexity** to this student's profile, so that educators, parents and the student herself may be better prepared to understand and address her individual challenges? (This is your secondary educational identification category)

Remember – we reconsider these every 3 years, and while 1 category may be clearly primary now, what is secondary at one point of a student's life may become primary later.

Question 2: What eligibility category is most relevant to this adverse educational impact?

If there is more than one, which is primary?

Answer: The team (including Alexa's parents) decided to identify both a Primary (ASD) and a Secondary (SED) eligibility identification category.

Reasoning Behind the Team's Decision

ASD encompasses the most **relevant** & **parsimonious** (i.e., simple) reasons underlying the functional impact observed in this student.

Thinking about Alexa as a child with neurological differences that underly her challenges in learning, attention, social interaction and communication helps adults to consider how to modify educational activities in order to fit her distinctive learning style.

Identifying SED as secondary focuses the team on addressing her anxiety and school refusal behaviors and also signals that mental health plays an important role in her readiness for learning.

Concluding Comments

Evaluating students for a possible SED or ASD is complex and requires multi-method, multi-informant procedures

It's essential to partner with colleagues and families throughout the process

The decisions are collaborative; not an expert model

How you communicate with families is really important for long-term collaboration and student well-being

Concluding Comments (cont.)

- Determining which behavioral descriptors are most interfering with access to general education requires careful scientific reasoning and team discussion.

- Co-occurrence of conditions is more the rule than the exception and needs to be reflected in the evaluation documentation.

- Functional assessments that link evaluation results to interventions are most useful in this process.

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THANK YOU!

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Girls with ASD: Books & Resources

Compiled by: Emily Daniels, Anna Kopatich, Kendal Nolan, Susan Hepburn

For Younger Kids

Why Does Izzy Cover Her Ears by Jennifer Veenendall

The Girl Who Thought in Pictures by Julia Finley Mosca

We're Amazing 1,2,3 (Sesame Street) by Leslie Kimmelman

For Older Kids

All Cats Have Asperger Syndrome by Kathy Hoopman

Different Like Me: My Book of Autism Heroes by Jennifer Elder

How to be Human: Diary of an Autistic Girl by Florida Frenz

Rain Reign by Ann M. Martin

Anything but Typical by Nora Raleigh Baskin

Mockingbird by Kathryn Erskine

The Reason I Jump by Naoki Higashida

For Teens

Odd Girl Out by Laura James

Same but Different: Teen Life on the Autism Express by Holly Robison Peete and Ryan
        Elizabeth Peete

*The Asperkid's (Secret) Book of Social Rules: The Handbook of Not-so-Obvious Social
Guidelines for Tweens and Teens with Asperger Syndrome* by Jennifer Cook O'Toole

For Young Adults

Aquamarine Blue 5: Personal Stories Of College Students With Autism by Dawn Prince-Hughes

*Autistics' Guide to Dating: A Book By Autistics, For Autistics and Those Who Love Them or
        Who Are in Love with Them* by Emilia Murray Ramey and Jody John Ramey

*Asperger's on the Job: Must-Have Advice for People with Asperger's or High Functioning
        Autism and their Employers, Educators, and Advocates* by Rudy Simone*Living
Independently on the Autism Spectrum: What You Need to Know to Move into a Place of Your
        Own, Succeed at Work, Start a Relationship, Stay Safe, and Enjoy Life as an Adult on
        the Autism Spectrum* by Lynne Soraya

For Adults

Spectrum Women: Walking to the Beat of Autism edited by Barb Cook and Michelle Garnette

Camouflauge: The Hidden Lives of Autistic Women by Sarah Bargiela

For Parents & Educators

Girls Growing Up on the Autism Spectrum: What Parents and Professionals Should Know About the Pre-teen and Teenage Years by Shana Nichols

Adolescents on the Autism Spectrum: A Parent's Guide to the Cognitive, Social, Physical, and Transition Needs of Teenagers with Autism Spectrum Disorders, by Chantal Sicile-Kira

Aspergirls by Rudy Simone

The Source Book of Nonverbal Learning Disorders by Sue Thompson.

Measures of Anxiety & Mood Symptoms

***Scales for Assessing Emotional Disturbance* (**2nd Ed.). (SAED; Epstein, M. H., & Cullinan, D., 2010). The SAED is a commonly used tool in educational evaluations for special education eligibility under the category of "emotional disturbance". Given that this eligibility category is sometimes used to qualify students with ASD and other developmental disabilities for special education, we want to evaluate its utility in this follow-up sample. The SAED includes 45 items and is designed for use by general or special education teachers.   Norms are provided for youth 5-18 years old.

Screen for Child Anxiety and Related Disorders – Youth Self-Report & Parent Report Versions *(SCARED*; Birmaher et al., 1999) is a 41-item inventory of child anxiety symptoms with parallel versions for parent- report and youth self-report. Youth (ages 8–18) and parents respond to a series of statements such as ''People tell me I look nervous/that my child looks nervous'' using a 3-point Likert scale, with 0 indicating ''not true or hardly ever true'' and 2 indicating ''very true or often true''. Item scores are summed to yield a total anxiety score, as well as subscale scores for somatic symptoms/panic disorder, Generalized Anxiety Disorder (GAD), separation anxiety, social phobia, and school phobia. Prior investigations indicate an optimal cutoff score of 25 for clinically significant anxiety. The SCARED has been used effectively in our group's studies of anxiety intervention (Stern et al., 2014).

Fears Survey Schedule for Children – Hawaii Version (FSSQ-HI; Muris & Ollendick, 2002). The FSSQ-HI is a revision of the FSSC-R, which is a commonly used tool for measuring the absence/presence and overall intensity of a variety of relatively common fears displayed by children and teens. The HI revision includes an updated list of potential fears and has been shown to be more culturally appropriate than its predecessor. It contains 84 items and fears are rated on a 3-point likert scale with regards to how much they impact the respondent: "none", "some", "a lot". The revised version has strong psychometric properties in youth with a history of both typical development and mental health problems. Data from this study will help to substantiate its psychometric properties in youth with Autism or other Intellectual or Developmental Disabilities.

Beck Depression Inventory – Second Edition (BDI-II; Beck Depression Inventory – II: Beck, Steer & Brown, 1996). This is a brief (21 items) self-report checklist, designed to screen for depression symptoms in youth 13 years and older. Items are written at 5th grade level. Items are scored on a 4-point scale, from 0 (absence of symptom) to 3 (severe manifestation of symptom). It provides a Total Score which reflects "general sensitivity to depression. The tool is criterion-referenced, as follows: 0-13 = minimal depression; 14-19 = mild depression; 20-28 = moderate depression; 29-63 = severe depression. Internal consistency, test-retest reliability, factor structure validity and convergent validity are strong.

Strengths & Difficulties Questionnaire: https://www.sdqinfo.org/a0.html. From Publisher: "The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists. All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial skills.

Measures of Adaptive Functioning in Educational Settings

Adaptive Behavior Assessment System – Second Edition (*ABAS-II*; Harrison & Oakland, 2003). The ABAS-II is a parent or caregiver report measure of a person's ability to function independently in a variety of settings and activities. Norms are provided by age for a Global Adaptive Composite (GAC) and three Composite scores: Conceptual, Social and Practical. Each composite is comprised of several skill areas, which also provide standard scores. Skill areas include: Communication, Functional Academics, Self-direction, Leisure, Social, Community Use, Home living, Health and safety, Self-Care and Work (for those 17 and older only). The ABAS-II has strong psychometric properties and is less time-consuming than the VABS. This instrument has been used in research on adaptive skills and ASD (Kenworthy et al., 2010).

School Function Assessment *– (Coster, Deeney, Haltiwanger, & Haley, 1998)*
From the publisher: **"**The School Function Assessment (SFA) measures student performance of functional tasks that affect the academic and social aspects of an elementary school program. SFA facilitates collaborative program planning for students with various disabling conditions. Age range: Kindergarten through grade 6 "
https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Behavior/Adaptive/School-Function-Assessment/p/100000547.html

Behavior Rating Inventory of Executive Functions (School-Age Version: Gioia, Isquith, Guy, & Kenworthy, 2000). Adult Version: *Roth, Isquith & Gioia,2005).* The BRIEF is an assessment system designed to gather information about how a person's executive function skills impact functioning at home, in school and in the community. Two different versions School-Age (6-17 years) and Adult (18 and older) allow for developmentally sensitive items across relevant areas of attention and self-regulation. Norms are provided for each of 9 subscales, as well as for a set of developmentally relevant factors that are thought to reflect global functioning. Subscale scores are derived for Inhibit, Shift, Emotional Control, Initiate, Working Memory, Plan/Organize, Organization of Materials, and Monitor. Composite scores are computed for a Global Executive Index, Behavioral Regulation Index, and a Metacognition Index. The BRIEF has been used in many studies of executive function in special populations, including autism, fragile X syndrome and Down syndrome. <u>Time:</u> 20 minutes.

Measures of Autism Symptoms & Pragmatics in Educational Settings

See the ***Educational Identification Toolkit*** developed by the Colorado Dept of Education Autism Team: https://www.cde.state.co.us/cdesped/sd-autism.

Social Responsiveness Scale *(SRS;* Constantino et al, 2007) is a 65-item checklist that can be completed by parents or teachers of children 3 years and older. Often used in genetics studies, the SRS was designed to try to tell the difference between autism and another psychiatric conditions. The SRS frames questions that provide insight into how the child usually functions in natural settings. The SRS provides norm-based scores that reflect the person's risk for actually having an ASD. Psychometrics are strongest in children 4-14 years and in samples of intellectually competent children. It is also one of the only tools that uses different norms for boys and girls, making it potentially more sensitive and specific in evaluating females. Time: 15-20 minutes.

Children's Communication Checklist-2 *(CCC-2; Bishop, 2003*). The CCC-2 is a 70-item checklist that is completed by a rater (typically a parent, teacher, or therapist) who has been familiar with the child for at least 3 months (Bishop, 2003). It considers the social and communication characteristics of children, which can be totaled and converted to a Scaled Score for one of ten subscales: Speech (i.e., intelligibility); Semantics (i.e., word finding/vocabulary access); Syntax (i.e, grammar); Coherence (e.g., making sense in conversation); Inappropriate Initiation (e.g., intrusive communication, talking too much); Stereotyped Language (e.g., overuse of "learned chunks" in conversations); Use of Context (e.g., understanding of the social rules governing communication); Nonverbal Communication (e.g., understanding and using nonverbal conversational cues); Social Relations (i.e., interest and quality of relationship with peers); and Interests (i.e., restricted and/or repetitive interests). A summary variable, The Social Interaction Deviance Composite (SIDC), may be derived from the Scaled Scores to consider whether or not a youth/young adult is evidencing primarily structural or pragmatic language difficulties. Time: 20-30 minutes.

Hepburn, S. (2020)