

TRI-STATE WEBINAR SERIES

School-based Autism Assessment Considerations during COVID-19

Presented by:
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Tri-State Autism Spectrum Disorder Webinar Series



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Presenter Information

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 - Background:
 - PhD - Indiana University
 - Internship - Health Science Center in Memphis, TN
 - Licensed Psychologist (CO) and School Psychologist (CO)
 - Bilingual in Spanish
 - Practicing School Psychologist (part-time) - Denver Public Schools
 - Research focuses on identification of ASD in culturally and linguistically minoritized populations



Learner Objectives

- Recognize key challenges with administering and interpreting autism assessment measures during the COVID-19 pandemic
- Learn new strategies for alternative autism assessment, remote assessment, and assessment modification that generate information that will be essential for potential autism identification
- Understand how disparities in both access and school policies during the COVID-19 pandemic may contribute to inequities and potential misidentification or delayed identification of autism

Referencing Recent Article

- McClain, M., Roanhorse, T., Harris, B., Heyborne, M., Zemantic, P. K., & Azad, G. (2021). School-based autism evaluations in the COVID-19 era. *School Psychology, 36*(5), 377–387.
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Health Disparities Exacerbated by COVID-19

- “The multisystem, sustained disruption of COVID-19 and the growing disparities in its wake necessitate large-scale action to address complex health disparities.” (Sullivan et al. 2021)
- Minoritized groups have systematically experienced disproportionate negative health outcomes in addition to significant barriers to effective social distancing and health care (Sullivan et al., 2021)

Educational Disparities from COVID-19

- Estimates of opportunity gaps due to spring 2020 and 2020–2021 school closures, reliance on remote learning, and inconsistent school quality range from 5 to 9 months on average, but up to 12 months for students from racially minoritized backgrounds (Dorn et al., 2020)
- The social isolation and related stressors resulting from mitigation measures may be detrimental to students' social–emotional development and mental health (Loades et al., 2020)

Disparities Exacerbated for Minoritized Families

- Areas of particular concern for students from minoritized backgrounds are differential technology access, instructional quality, engagement, and school support (Turner, 2020).
- For students made vulnerable by financial or housing insecurity, access to remote schooling and meetings/appointments held virtually is contingent upon access to appropriate technology, digital resources, reliable highspeed internet access, personal and family technology knowledge, and adult supervision (Lake & Makori, 2020).

Mental Health Challenges during COVID-19

- The pandemic and its various aligned concerns (e.g. food and housing insecurity, exposure to family violence, substance use, and medical trauma) are also likely to elicit elevated trauma responses (Bryant et al., 2020).
- Disasters are associated with anxiety, depression, adjustment disorders, and acute stress reactions, with more difficulty shown among racially or economically minoritized groups (Goldmann & Galea, 2014).

Children with Disabilities – COVID-19

- Culturally and linguistically minoritized families of children with intellectual and developmental disabilities have explicitly raised concerns about the long-term effects of the COVID-19 pandemic (e.g., reduced opportunities for socialization with other children and access to education) on their children's development (Neece et al., 2020)
- These challenges may increase parental stress levels and symptoms of anxiety and depression, which can increase susceptibility for abuse and neglect, particularly among children with disabilities (Russell et al., 2020)

Reflection Question

- What disparities within your own context have impacted your autism evaluation practices during the COVID-19 pandemic?
- How have you/your team advocated for improved access and services during the pandemic to address these disparities?

Components of School-based Autism Evaluations

- Observation and interview (in particular with families) are critical, especially now
- Obtaining quantitative data that allows for accurate peer comparisons often through standardized measures is also recommended, although interpreting this data with COVID-19 in mind is critical
- Standardized autism identification tools should be chosen based on specific referral questions and to determine eligibility
- Professionals should obtain data pertaining to the areas of speech language, sensory, and motor

General Assessment Considerations

- First, we must ensure that our practices prioritize health and safety
- These regulations are constantly changing
- Know that closures or reductions in seeing children as well as social distancing requirements may increase the already extensive waitlists for diagnostic evaluations for children suspected of having autism (Kanne & Bishop, 2021)
 - Schools are an ideal place to engage in autism identification!

Social Experiences during COVID-19

- Students may have fewer opportunities for social engagement with peers and exacerbated or initiated mental health concerns (Golberstein et al., 2020), which may or may not be indicative of autism, COVID-19, or both.
- Children without preschool or childcare due to pandemic.
- School professionals should discern whether these behaviors were occurring prior to, and/or if they started after or have been worsened by, the COVID-19 pandemic.

Behavioral Observations - Considerations

- Children may be engaging in fewer or lower quality social interactions because of social distancing requirements.
- For students who are participating in remote learning, observing online instruction may not result in meaningful data as there are no expectations for what is “typical” behavior in this context.
- Observations in unstructured environments may not be feasible, thus information pertaining to social relationships will be challenging to assess in an observational context.

Behavioral Observations

- Challenges pertaining to observing interactions and social gestures with masks
- No current research-based tool for behavioral observations specific to autism characteristics during COVID-19
- If possible, conduct more observations and in various settings
- Qualitative information paints a picture of the child's current functioning!

Behavioral Observations - NODA

- The Naturalistic Observation Diagnostic Assessment (NODA), has shown promising results for successfully identifying autism via teleassessment.
- Asynchronous teleassessment diagnostic service, that can be installed on a mobile device, that guides families to collect four brief videos of their child's behavior and share them with trained clinicians (Smith et al., 2017).
- The trained clinicians then rate the developmental history interview and the videos to assess for autism based on a DSM-5 checklist.

Behavioral Observations – NODA (cont.)

- NODA provides information regarding behaviors in the home context, not the educational context.
- These settings have merged during COVID-19 as learning is occurring in the home context and warrants a reconceptualization of educational impact and educational setting.

Teleassessment

- More research is needed!
- Most of the limited research is related to cognitive teleassessment
 - Cognitive/developmental level can be performed via parent interview measures (e.g., Developmental Profile-Third Edition)
 - Developmental Assessment of Young Children, 2nd edition (DAYC-2; Judith & Maddox, 2013). The DAYC-2 can be scored based on observed behaviors and/or parent report.
 - Individually administered assessment administration mods
- Telehealth approaches both alleviated and exacerbated existing disparities

Altered Face-to-Face Autism-Specific Assessments – ADOS-2

- ADOS-2 requires specialized training
- Some school professionals may consider using the ADOS-2 in autism evaluations in a traditional face-to-face context with PPE for qualitative purposes.
- ADOS-2 with PPE is unstandardized administration
- School professionals may also consider removing certain ADOS-2 materials (e.g., plush toys) from the unstandardized administration as they are more challenging to sanitize between uses.

Autism-Specific Assessments - BOSA

- The Brief Observations of Symptoms of Autism (BOSA), is an un-normed, semistructured parent-child interaction observation administered via teleassessment.
- Developed in response to the COVID-19 pandemic and combines elements of the ADOS-2 and the Brief Observation of Social Communication Change.
- Must be trained on the ADOS-2 to administer
- Feasibility for many school professionals and families may be challenging as it requires specific toys, the availability of a parent, and reliable access to technology and the internet.

Altered Face-to-Face Autism-Specific Assessments – CARS-2

- Because of the reliance on observations, the utility of the CARS-2 may be dependent on each student's unique situation.
- It is strongly recommended that school professionals use multiple observations across contexts and settings in addition to including parent report, either through the CARS-2 parent rating form and/or interview, in their scoring.
- The authors of the CARS-2 have not provided any recommendations or potential adaptations to the administration of this assessment in a virtual context.

Early Childhood Options

- There are more teleassessment (both screening and diagnostic) options for early childhood populations
- TELE-ASD-PEDS was designed for use with children under 36 months of age (Vanderbilt TRIAD)
- Must receive training prior to administration

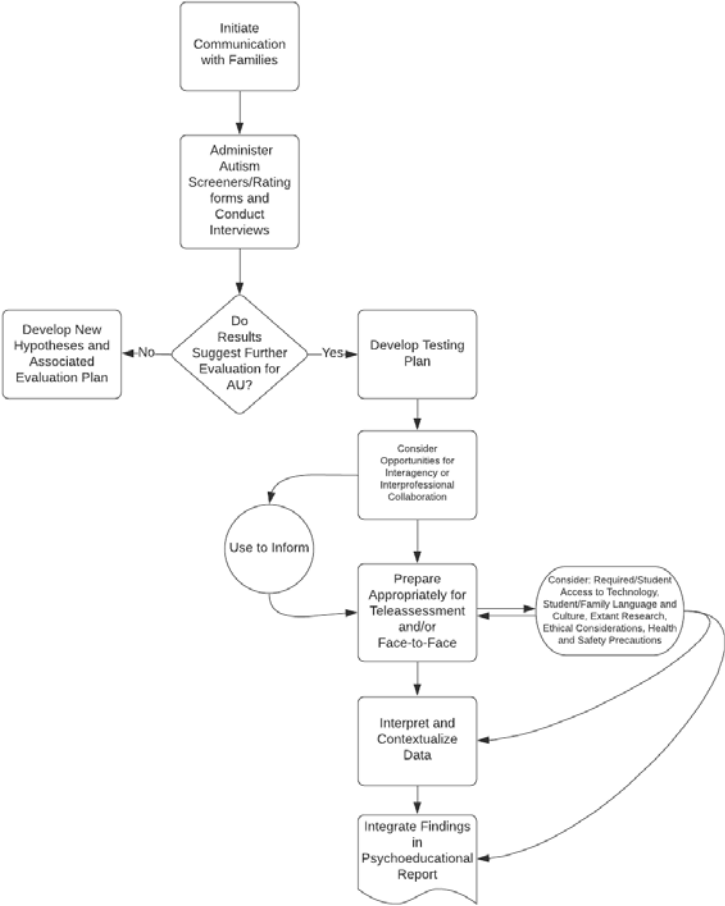
Other Autism Measures

- Rating Scales
 - Limited research on electronic administration
 - Sometimes option to read questions over the phone/virtually although must note this type of administration in report
- Screeners or diagnostic/identification tools
- Impact of language proficiency/reading levels
- Can teachers respond to all items? Particularly in virtual learning environments

Reflection Question

- What autism specific measures do you administer currently and how has your administration changed (or not) during the COVID-19 pandemic?
- What current challenges are you experiencing when administering autism measures during the COVID-19 pandemic?

Recommended steps to complete school based AU evaluations during the COVID-19 pandemic (McClain et al. 2021)



Step 1: Communicate and Collaborate With Families

- Most important aspect!
- Share components of the current evaluation process, how testing expectations and requirements have changed considering COVID-19, the expectations and requirements to complete the evaluation process, and seek families' input.
- Be forthcoming about the associated limitations with testing in the current conditions.
- It may be necessary for districts to allocate resources (e.g., technology helpdesk, on-call interpreters) to facilitate parental involvement in the evaluation process.

Step 2: Screening and Interviews With Multiple Informants

- Screening and virtual interview strategies can be a first step for initial evaluations to reduce in-person contact.
- Interviews with family and teachers are critical!
- School professionals should focus on the core symptoms of autism, developmental milestones and early childhood years, medical and mental health history, and educational impact. Interviews with families should obtain information regarding early developmental history, current functioning in the home setting, and family perspectives on academic concerns.
- Access to devices and reliable internet connection, as well as child-care, may impact families' ability to adequately participate in interviews.

Step 2: Screening and Interviews With Multiple Informants (cont.)

- During interviews, school professionals are encouraged to be mindful of the high rates of co-occurring behavioral and mental health concerns in children with autism as well as the overlapping symptoms seen in both autism and other disabilities and trauma (e.g., anxiety, ADHD; Levy et al., 2010; Trammell et al., 2013).

Step 3: Develop a Testing Plan

- Critical to determine the most appropriate reporters (e.g., families, specific teachers) by considering who can provide the most valid information.
- Gathering information from reporters about the current setting (e.g., opportunities for social engagement, learning environment) in which they are seeing the students is also necessary to contextualize and interpret results.
- School professionals should also be considering the appropriateness of moving forward with the evaluation throughout the process and during each step.

Step 3a: Interprofessional and Interagency Collaboration

- School settings have valuable information for clinical practitioners to use, such as teacher reports, interviews, or academic achievement information.
- School professionals may obtain screening or autism-specific testing results or other important information (e.g., medical history) from outside providers (e.g., clinical psychologists, primary care providers), which may be beneficial, especially for youth who have either received or are currently undergoing a clinical diagnostic evaluation.

Step 3b: Determine Teleassessment or Face-to-Face

- Some components of the evaluation, such as interviews, can be more easily conducted via teleassessment.
- Considerations for choosing face-to-face administrations may include the current COVID-19 rates, district policies and recommendations, school format (e.g., hybrid, virtual, in-person), family factors (e.g., preference, resources, skills, and mental health), availability of PPE and other health and safety precautions, vaccination status, and publishing company restrictions.
- Parents may struggle with accessing and/or navigating the technology needed for teleassessment.
- Teleassessment may involve simply answering questions, while others, like components of the BOSA, may require environmental rearrangement and parent training on facilitating administration.

Step 4a: Prepare for and Conduct Face-to-Face Administration

- Considerations for utilizing PPE
 - Face shields are less intrusive for social communication
- 6-foot social distance may be challenging to maintain during assessments.
- Air purifier, or testing in a space where windows can open to increase airflow.
- Sanitizing the testing space and materials after each use.
- Comfort of the examiner
 - Child may take off mask or not wear mask properly

Step 4b: Prepare for and Conduct Teleassessment Administration

- Certain communities (especially in rural and underserved regions) may lack internet and mobile coverage, which may result in frustration and reluctance to use teleassessment services.
- The district must provide access or identify other equitable methods of administration.

Step 5: Interpret and Contextualize Data

- Regardless of the use of face-to-face or teleassessment, if data are suspected to be invalid or poor, school professionals are not recommended to report or interpret those scores.
- Discuss the administration of the assessments and indicate that the scores are likely invalid and why.
- For data that are deemed valid, interpret results within the context of COVID. Add disclaimers in reports.
- Report use of PPE and other safety precautions utilized for face-to-face testing and the use and impact of teleassessment, should also explicitly note that these conditions are inherently not standardized.

Uncertainty of Autism Identification

- No need to wait 3 years for reevaluation
- Early intervention is important
- Possibility of evaluating under the developmental delay eligibility (or other eligibilities)
- Provide clear information throughout the evaluation report that autism was considered

Reflection Question

- Think about the recommended steps provided and conduct a self-assessment of your own comfort and competencies to complete each step. Rank the steps according to your own self assessment in terms of most comfort and competencies to least. Write three goals for self-improvement (one for this week, one for this month, and one for the next six months) pertaining to your own needs.

Main Takeaways/Conclusions

- Learn about behaviors prior to and during COVID
- Autism assessment during COVID should focus on obtaining more qualitative information across settings and considering the impact of COVID on assessment results
- New appreciation of a child's behavior in the home environment
- Advantages and disparities pertaining to access realized
- It is essential to remove the silos between systems (medical, educational, behavioral health, community services, etc.) to foster coordinated, and person- and family-centered care across all service sectors

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THANK YOU!

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