



Autism Collaborative Centers of Excellence (ACCE) Standards

Evidence-based best practice guidelines to elevate the quality and consistency of services for individuals with autism spectrum disorder and their families in Northeastern and Northcentral Pennsylvania

Speech and Language Evaluation and Therapy in Autism Spectrum Disorder (ASD)

Autism spectrum disorder (ASD) is a relatively common developmental disability affecting 1 in every 59 children in the US. ASD is a behaviorally-defined condition with many known and unknown causes. The following are guidelines are suggested as best practices in providing speech and language evaluation and therapy in autism spectrum disorder (ASD).

- Speech-Language Pathologists (SLP) do not diagnose ASD alone but are essential members of the multidisciplinary diagnostic team. If appropriate training has been completed, they can administer standardized and semi-standardized autism measures.
- Components of a speech/language evaluation include caregiver interview and review of previous multidisciplinary testing, medical history, and school records. The evaluation also includes standardized assessments of direct testing and caregiver report measures. Non-standardized assessments include dynamic testing, clinical observation, and language sampling and analyses.
- Areas assessed include receptive and expressive language, articulation, fluency, voice/resonance (if indicated). Assessment of pragmatics of language is particularly important if suspected or diagnosed with ASD.
- Special considerations should be given to hearing and vision status, English language learners, differences in dialect, and cultural/linguistic background.
- An augmentative & alternative communication (AAC) evaluation should be considered in situations when speech alone is not enough to meet the child's needs, especially for children with ASD who are at risk for lifelong speech/language impairment.
- There is no "one size fits all" AAC. It is important to fit the system to the child, not the child to the system.
- Direct therapy should be provided by a licensed and certified SLP. Speech therapy should be offered to all diagnosed with impairment, including pragmatic deficits.
- Goals should be specific, measurable, and ecologically valid with quantitative progress monitoring that drives therapeutic decision making. Consultation with family, teacher, and other therapists is recommended to encourage carryover/generalization.
- Evidence-based practice should be utilized. Caution is advised that there are many manualized marketed approaches with limited research support.
- The American Speech-Language-Hearing Association (ASHA) has position statements available recommending against the use of Facilitated Communication and the Rapid Prompting Method.