

Sensory considerations

Environmental management

Routines and planned change

Visual supports

Autism friendly communication

Motivation ©

Module 1

Getting started: assessing your child's everyday communication skills

Communication impairment is a central feature of autism with baffling variation in how it reveals itself from child to child. I imagine a child who doesn't talk, seems not to hear people when they speak to him, but at the same time, consistently alerts to environmental sounds. What does he have in common with a child who tries to engage anyone who crosses his path, in a conversation about 'Thomas the Tank'? The answer is "more than you might think". There are core communication difficulties shared by all children with autism. To better understand these core difficulties we must firstly consider the differences between speech, language and communication. These three terms are commonly used interchangeably when in fact they refer to three separate, distinct areas.

Understanding the core communication impairment in autism

Speaking refers to the way in which we make or articulate the sounds in words. Language is concerned with the actual words and the rules we use to combine words into phrases and sentences. Communication, on the other hand, is much more complicated. Communication is *dynamic* (changing every second), is *two-way* (requiring a sender and receiver of a message) and involves listening, speaking, comprehending and expressing oneself in a *reciprocal* way that is *appropriate to the surrounding situation*.

Many children with autism have significant difficulties with speaking, language and communication. Just as many have good speech, but have difficulties using language flexibly and appropriately. *All children with autism however have difficulties with communication.*

It doesn't matter if a child speaks fluently or not at all. If he has autism, his major difficulty will be using social communication in a reciprocal manner.

For many parents, the development of speech and language is probably the most prioritized goal for their child. If their child can speak, parents' believe that their child will therefore naturally communicate with, and relate to others. Targeting speech and language prematurely or exclusively will be frustrating for all concerned, especially your child. An over-emphasis on speech and language commonly leads to children who are *non-communicative talkers*, i.e. *they say a lot but do not communicate*. Language is like the 'icing' on the communication 'cake'. Without the cake, the icing would be nothing. While the icing enhances the cake, the cake itself is the essential part. This analogy helps us understand the relationship between language and communication.

Long before typically developing infants speak their first words; they are competent and active communicators in *conversations that do not use words*. In the first 12 months of life, infants engage in back and forth interactions, using facial gaze, vocal tone, facial expression, body language and gestures. Before children learn their first words they have come to understand the world of intent and are well equipped to *add words to their interactive repertoire*. To get back to our analogy, reciprocity¹ is the main ingredient of the communication cake. Language, the icing on the cake, enriches the cake's flavour but cannot stand-alone. There is a huge temptation for parents and professionals to 'skip ahead' to focus on speech and language, particularly for those children who use echolalia².

¹ Reciprocity - a state or relationship in which there is mutual action, influence, giving and taking, correspondence, etc., between two parties (*Oxford English Dictionary Online*). The term is derived from the Latin word, *reciprocus*, meaning alternating. The word, *reciprocus*, is made up of the prefix *re-*, back, and *pro*, forward. These meanings imply a back and forth movement.

² Echolalia refers to the echoing or repetition of previously heard words.

When it comes to communication, children with autism do not follow the same developmental pathway as typically developing children. They begin to say words even though they have not grasped the reciprocal nonverbal communication skills that develop within the first 12 months. It seems as if some children with autism 'leap-frog' over these Social Foundation Skills to become fluent talkers. Unfortunately many fluent talkers continue to have difficulty interpreting and using facial gaze, vocal tone, facial expression, body language and gestures to connect with others. In the field of autism, we must remind ourselves that language cannot be extracted from communication.

SERVAM supports the development of receptive and expressive language skills within the context of *functional, reciprocal communication*.

Standard, clinical and functional assessments

Chances are, your child's speech and language skills have already been assessed if he has a diagnosis of autism. Standard tests are usually used to assess speech and language disorders in children. It is important to note that these types of assessments do not focus on the type of social communication difficulties found in autism *Paul, R. & Wetherby, A. (2005)*. Another drawback is that the results obtained in standard tests may not be a true indication of how your child communicates in real life situations. For example, children with autism who are very fluent talkers sometimes receive well above average scores on standard tests, yet they continue to have enormous difficulties communicating with their peers. Standard assessments are usually required for funding purposes.

There are several ways to assess your child's communication and social interaction skills other than using standard tests. These are sometimes referred to as an informal assessment.

As part of an informal assessment you may:

1. Complete questionnaires and consult a speech pathologist³ to guide you to interpret that information. Dewart and Summers (1995) have useful pragmatics profiles available on the internet called *The Pragmatics Profile of Everyday Communication Skills in Children, Revised Edition*.

³ Professionals who deal with speech and language disorders are known by different names depending on the country where they work.

Australia *Speech Pathologist*

New Zealand *Speech-Language Therapist*

Canada *Speech-Language Pathologist*

United States *Speech-Language Pathologist*

South Africa *Speech Language Therapist*

United Kingdom *Speech and Language Therapist*

2. Take your child to a clinic so that carefully constructed situations may be set up to elicit particular types of interactions. This method can yield important information about your child's social communication skills but needs to be supported with real life observations.
3. Make repeated observations of your child in real life situations then analyse that information to prioritise learning goals. This method yields the most detailed and representative information about a child's functional communication skills in everyday life. *SERVAM* uses this method of assessment along with supplementary questionnaires. This type of informal, functional assessment is referred to as 'naturalistic' observations.

Parents are in the best position to coordinate their child's functional communication assessment for several reasons.

Parents:

- ❖ know their child better than anyone else
- ❖ see their child across a broad range of situations
- ❖ through the assessment process, may learn
 - i. what their child can do and how to build on those strengths
 - ii. how to best motivate their child
 - iii. how to prioritise communication goals based on their child's current skills in real life situations
- ❖ are in a position to address their child's communication goals little by little, each day in different 'family friendly' ways. Everyday life provides limitless opportunities to enhance a child's communication skills.
- ❖ may become stronger advocates and make informed decisions about what type of intervention best suits their child. When it comes to intervention, it is not a 'one size fits all' situation. Given the prolific and at times controversial, adversarial and costly nature of some intervention programs, it can be very daunting to know how to best meet your child's needs.

Getting the support of a speech pathologist who is experienced in the field of autism is invaluable. A speech pathologist will support you in using and interpreting naturalistic observation tools. Autism is a specialist domain. There has been enormous knowledge growth that has taken place in the area of autism over recent years. This knowledge base emanates from a wide number of fields; developmental psychology, neurolinguistics, occupational therapy, special and early childhood education, music therapy, speech and language therapy and applied behaviour therapy to name some. It is important to seek therapists who are well experienced working with children who have autism. Not all universities equip graduate students to deal with this complex and demanding field.

To get the most out of the SERVAM communication modules, it is highly recommended that you first obtain a clear and detailed picture of your child's social, expressive and receptive communication skills in everyday interactions. This type of assessment is known as a functional assessment. A functional assessment does not yield scores, nor will it allow you to compare your child with other children his age in terms of ranks and percentiles. Functional assessments will help you to:

- ❖ outline your child's communication strengths and areas of weakness
- ❖ prioritise learning goals.
- ❖ determine what skills your child most requires to maximize his social participation in his day-to-day life.
- ❖ obtain detailed information about how your child communicates and interacts with others, as well as how other people communicate and interact with him.

Adults who spend the most time with your child are ideal people to be involved in functional assessments. The more information you have about the way your child communicates, across a range of everyday life situations, the better. Sometimes there are noticeable differences between a child's ability to express himself and interact with others at home, compared to preschool, school or playgroup. A child may also change the way he communicates, depending on whom he is communicating with. It is important to capture these variations as they may provide some insight into communication styles that best foster your child's communication.

The downside to functional assessment is the amount of time and energy that is required. You will need to devote a few weeks to observing, diarising and then analyzing how your child interacts in everyday situations.

SERVAM offers three tools that you may use to observe, diarise and analyse your child's social, expressive and receptive communication skills in everyday interactions.

SoFS : Social Foundation Skills Assessment

FAES : Functional Assessment of Expressive Skills

FACS : Functional Assessment of Comprehension Skills

Modules 1 to 4 of Autism Friendly Communication are available on the SERVAM website free.

Module 1 provides an introduction to functional communication assessment

Module 2 provides a step-by-step guide to assessing your child's SoFS.

Modules 3 and 4 show parents how to use the FAES and FACS to assess their child's functional expressive communication and comprehension skills.

Move on to Module 2 as your next step. It is not necessary to complete all functional assessments before commencing intervention. You may choose to assess your child's SoFS, then begin addressing your child's needs in this area before commencing a functional assessment of your child's everyday comprehension skills.

References

Dewart, H., & Summers, S., (1995) *The Pragmatics Profile of Everyday Communication Skills in Children, Revised Edition*. NFER-Nelson, 2nd Ed.

Oxford English Dictionary Online. www.askoxford.com

Paul, R., & Wetherby, A. (2005, March 1). *New autism collaboration develops practices in communication assessment for SLPs*. The American Speech and Hearing Association Leader, pp. 11-12).