

Help! Napoleon Dynamite's Been Referred for An Evaluation

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Classification Systems

- 1994 Diagnostic and Statistical Manual of Mental Disorders – IV, Text Revised (DSM-IV, TR)
- International Classification of Diseases –10th Edition (ICD-10)
- Gillberg's Criteria

DSM–IV, TR

American Psychiatric Association, Ed.(1994). *1994 Diagnostic and Statistical Manual of Mental Disorders*. Washington, D.C.

- Qualitative impairment in social interaction ...
 - marked impairment in use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
- Restricted repetitive and stereotyped patterns of behavior, interests, and activities...
 - encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
- There is no clinically significant general delay in language
 - there is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than social interactions), and curiosity about the environment in childhood

ICD-10

World Health Organization. (1989). *Tenth Revision of the International Classification of Disease*. Geneva: World Health Organization.

- There is no clinically significant general delay in spoken or receptive language or cognitive development. Diagnosis requires that single words should have developed by 2 years of age or earlier...
- Qualitative abnormalities in reciprocal social interaction...
 - Failure to adequately use eye-to-eye gaze, facial expression, body posture, and gesture to regulate social interaction

- The individual exhibits an unusually intense, circumscribed interest or restricted, repetitive and stereotyped patterns of behavior, interests and activities...
 - An encompassing preoccupation with stereotyped restricted patterns of interest that are abnormal in content or focus; or one or more interests that are abnormal in their intensity and circumscribed nature though not in content or focus

Gillberg's Criteria

Gillberg, C. (2002) *A Guide to Asperger's Syndrome*. Cambridge, UK: Cambridge University Press.

- Speech and language peculiarities
 - delayed early development possible
 - superficially perfect expressive language
 - odd prosody, peculiar voice
 - impaired comprehension especially with literal and implied meanings
- Nonverbal communication problems
 - limited use of gestures
 - clumsy body language
 - inappropriate facial expression
 - difficulty with physical expression

Assessing Social Communication: Educational & Clinical Models

- purpose
- A.S. is medical not educational dx
- validity of testing tools

Qualifying for E.S.E. Placement

- E.S.E. label
- qualify services based on educational standards not standardized testing

IDEA 2004

- significant changes will have a positive impact on students presenting with AS

Impact #1

- Schools may not focus predominately or exclusively on academics in their evaluations but must consider all areas of the child's functioning at school

Impact #2

- The requirement to assess developmental and functional performance requires consideration of the effect of learning problems e.g. reading, writing, and math learning disabilities, based on functional impact, regardless of response to intervention or discrepancy scores

Impact #3

- Evaluations must be provided in the language and form most likely to yield accurate information on what the child knows and can do academically, developmentally and functionally.

Pragmatic Language Assessment Tools

1. *Conversational Effectiveness Profile*
Kowalski, T. (2005). Assessing communication skills in Asperger's Syndrome: An introduction to the Conversational Effectiveness Profile. *Florida Journal of Communication Disorders*. 22, 29-34.
 - observational rating scale comprised of 6 domains:
 - social interaction
 - social communication
 - academic communication
 - nonverbal communication
 - perspective taking
 - social-emotional

2. *Dore's Conversational Acts*

Stickler, K. R. (1987). *Guide to Analysis of Language Transcripts*. Eau Claire, WI: Thinking Publications.

- used to assess the function behind an utterance
- comprised of 3 parts based on the message's
 - meaning
 - syntax
 - speaker's intent
- Requests
 - Statements that request information, action, or acknowledgment from another individual
 - yes-no questions
 - Wh-questions
 - clarification
 - requests for action or permission
- Descriptions
 - statements that provide factual information about the past and present such as:
 - identifications
 - properties
 - events
 - locations
 - times
- Statements
 - comments that are used for:
 - rules
 - evaluations
 - attributions
 - explanations

- facts
- definitions
- Acknowledgments
 - comments that recognize and evaluate responses such as:
 - acceptances
 - approval/agreements
 - disapproval/disagreements
 - conversational returns
- Organizational Devices
 - comments that regulate contact and conversation such as:
 - boundary markers
 - calls
 - speaker selections
 - politeness markers
 - accompaniments
- Performatives
 - comments that serve to accomplish their task:
 - protests
 - jokes
 - claims
 - warning
 - teasing
- Miscellaneous
 - Utterances not classifiable elsewhere such as
 - no responses
 - unintelligible responses
 - exclamations

3. *Tough's Functions of Language*

Tough, J. (1977). *The Development of Meaning: A Study of Children's Use of Language Skills*. London, UK: Allen and Unwin.

- defines the role language has in problem solving and thinking
- identifies 4 major functions of language:
 - directive
 - interpretive
 - projective
 - relational
- Directive
 - ability to direct comments to self such as:
 - monitoring/verbalizing about his actions
 - describing and directing his actions toward a task
 - stating what he intends to do
 - ability to direct comments to others such as:
 - requested actions
 - providing instructions
 - verbalizing problem-solving tasks
 - anticipating future actions that impact himself or others
- Interpretive
 - reporting on present and past experiences such as:
 - label
 - verbal detail
 - associate and compare against previous experiences
 - recognize incongruity in a situation
 - express a sequence of events
 - using reasoning such as:
 - recognizing cause-effect

- recognizing social rules and principles
- Projective
 - ability to use prediction such as:
 - stating information in the future
 - anticipating consequences
 - determining possible alternatives
 - stating possible cause-effects
 - recognizing problems and predicting solutions
 - ability to use empathy such as:
 - projecting into other's experiences
 - projecting into other's feelings
 - anticipating the reactions of others
 - ability to use imagination such as:
 - renaming items by providing more specificity
 - using imaginary play
 - role playing
- Relational
 - ability to use self-maintenance skills to express:
 - current needs
 - self-interest
 - justifications
 - criticism
 - threats
 - ability to use interactional skills such as:
 - emphasis
 - other strategies for recognition

4. *Fey's Pragmatic Patterns*

Fey, M. (1986). *Language Intervention with Young Children*. San Diego: College-Hill Press.

- Active Conversationalists
 - assertive and responsive
 - interested in their conversational partner
 - lend information to the conversation
 - may need assistance in expansion techniques
- Passive Conversationalists
 - responsive to conversation but doesn't add to it
 - fails to provide new and/or relevant information
 - need help in developing assertive acts
- Inactive Conversationalists
 - neither responsive or assertive
 - typically socially isolated
 - fail to participate in conversation
 - need help in developing interactions
- Verbal Non-communicator
 - assertive but unresponsive to partner
 - can initiate conversation
 - dominates conversation without regard to partner's needs/desires
 - need help in understanding how their comment relates to current topic

5. *Prutting Pragmatic Protocol*

Prutting, C. (1983). "Applied Pragmatics." In *Pragmatic Assessment and Intervention Issues in Language*, Edited by T. Gallagher and C. Prutting. San Diego: College-Hill.

- used with children 5 years of age and older
- defines how language signifies conversational intent in social settings

6. **Communicative Partner Profile**
Anderson-Wood, L. and Smith, B. (2000). *Working with Pragmatics*. Oxon, UK: Winslow Press Ltd.
 - checklist based on the following skills:
 - facilitating relationships
 - facilitating conversational interaction
 - facilitating communication development
 - non-facilitating strategies
 - training for communicative partners

7. **Muir's Informal Assessment for Social-Communication**
Muir, N., Tanner, P. and France, J. (1992). "Management and Treatment Techniques: A Practical Approach." Edited by R. Gravell, and J. France, *Speech and Communication Problems in Psychiatry*. Sand Diego: Singular Publishing Group, Inc.
 - provides a quick overview of the social domain of language
 - uses a rating scale: 1 (severe) to 5 (normal)
 - geared more for psychiatric group treatment

8. **Adolescent Pragmatics Screening Scale**
Brice, A. (1992). The adolescent pragmatics screening scale: Rationale and Development: *Howard Journal of Communications*. 3: 177-193.
 - can be used to identify pragmatic language deficits
 - provides a measure on 6 topical subtests and a composite total score

9. **Halliday's Functions of Language**
Miller, J. (1981). *Assessing Language Production in Children*. Baltimore: University Park Press.f
 - uses 7 categories to assess pragmatics
 - communication may function as:
 - interpersonal: intention to interact with others

- textual: utterance is based on previous utterance
- ideational/experiential: an attempt to express meaning

10. *Pragmatic Rating Scale*

Anderson-Wood, L. and Smith, B. (2000). *Working with Pragmatics*. Oxon, UK: Winslow Press Ltd.

- designed to compare communication performance against others
- non-standardized rating scale

11. *Interaction Record*

Anderson-Wood, L. and Smith, B. (2000). *Working with Pragmatics*. Oxon, UK: Winslow Press Ltd.

- provides for a transcription of communication interaction
- provides for a visual demonstration of strengths and weaknesses

Misdiagnosis

- in one study of 32 students eventually identified as AS, 92% were provided other diagnoses or labels (Church, C., Alisanski, S. and Amanullah, S. (2000). "The social, behavioral, and academic experiences of children with Asperger syndrome." *Focus on Autism and Other Developmental Disabilities*. 15: 12-20.)
- labels provided by:
 - school/clinical psychologists
 - primary care physicians
 - psychiatrists

Common Misdiagnoses

- ADHD
- autism
- communication disorder
- learning disorder
- emotional handicap

- obsessive-compulsive disorder
- bipolar disorder