Interprofessional Collaboration: Early Identification of Children at Risk for Autism Spectrum Disorder

Kathy Coufal, PhD, CCC-SLP & Trisha Self, PhD, CCC-SLP
Wichita State University, Wichita, Kansas
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NEITHER OF THE AUTHORS HAVE ANY FINANCIAL OR NON-FINANCIAL RELATIONSHIPS RELATED TO THE CONTENT OF THIS PRESENTATION.

CONTACT KATHY.COUFAL@WICHITA.EDU OR TRISHA.SELF@WICHITA.EDU
Learning Outcomes

- Participants will articulate the roles and responsibilities of collaborative team members.
- Participants will describe the processes of forming a collaborative team, including essential membership.
- Participants will describe the diagnostic procedures used for early identification of children at risk for ASD.
- Participants will demonstrate application of the concepts to their respective sites, including barriers and motivators.

The Interprofessional Team: A Systems Approach to Assessment and Intervention

A case example of a 30-month old child being evaluated by an autism interdisciplinary diagnostic team. (Note: this is the free play portion of the ADOS-2-Module 1)

As you view this 2-minute video, describe what you see.
Describe key behaviors that you observed:

- Communication?
- Social?
- Play?
- Problem solving?
- Cognitive?
- Engagement?
- Motor?
- Other?

Perhaps what you described were behaviors observed through your ‘individual professional lens’.

Team vs. Group: membership, roles, responsibilities
Hearing with new eyes…

Group =
A collection of people who have something in common.

Know any?

Team =
A group of people who must work together to reach common goals or outcomes

Know any?

(Weiss, Tilin, & Morgan, 2014)

How might this observation be different if you viewed it using a “team perspective?”

Team: membership, roles, responsibilities
A systems approach: 
International Classification of Functioning/ Interprofessional Practice (ICF/IPP)

(World Health Assembly, 2001)

What is interprofessional practice (IPP)?

*Interprofessional practice* is the current terminology that is used to refer to “two or more professions working together as a team with a common purpose, commitment, and mutual respect.”

(Freeth et al. 2005, cited in Dunston et al., 2009, p. 6)
CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE

- **Values and Ethics**: Work with individuals of other professions to maintain a climate of mutual respect and shared values.

- **Roles/Responsibilities**: Use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the patients and population served.

- **Interprofessional Communication**: Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.

- **Teams and Teamwork**: Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable.

(Interprofessional Education Collaborative Expert Panel, 2011)

Collaboration Tool Box

1. **Open/free area**
   What is known by the individual and also known by others?
   (known = professional identity)

2. **Blind Area**
   What is known by others but unknown to the individual.
   (individual habits/quirks that may be distracting and/or disrespectful)

3. **Hidden Area**
   What is known by the individual and consciously hidden from others.
   (emotionally identifies with client but is unwilling to divulge why/how influences him/her)

4. **Unknown Area**
   What is unknown to both the individual and others.
   (habitual habit is linked to her unwillingness to self-disclose which results in disharmony among team members)
The complexity of ASD requires *interprofessional collaboration* to plan and implement comprehensive and effective services.

IPP offers a variety of benefits such as:
- insights into the work of other practitioners
- improved practice
- improved patient care

### Developing the IPP (ASD) Team

<table>
<thead>
<tr>
<th>Establish the interdisciplinary team</th>
<th>Secure partnership with local developmental pediatrician (physician)</th>
<th>Meet with &amp; develop appropriate discipline partnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrate communication/cognition assessments components</td>
<td>Coordinate with The Autism Support Network (TASN) (KS state training team)</td>
<td>Secure assessment facilities</td>
</tr>
<tr>
<td>ADOS-2 &amp; CARS-2-ST</td>
<td>Evaluate, modify, &amp; keep working</td>
<td>Integrate motor &amp; hearing screening components</td>
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<td></td>
<td>Expand community partnerships</td>
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Diagnosis Tools

Childhood Autism Rating Scale-2 (CARS-2)  
(Schopler, Van Bourgondien, Wellman, & Love, 2010)

- Level 2 screening tool
- Completed in combination with another diagnostic tool

Autism Diagnostic Observation Schedule - 2

Note: requires specific training to administer

Modules 1 through 4: Catherine Lord, Ph.D., Michael Rutter, M.D., FRS, Pamela C. DiLavore, Ph.D., Susan Risi, Ph.D., Katherine Gotham, Ph.D., and Somer L. Bishop, Ph.D.

Toddler Module: Catherine Lord, Ph.D., Rhiannon J. Luyster, Ph.D., Katherine Gotham, Ph.D., and Whitney Guthrie, B.A.
Case: Diagnostic Profile - Parent Report

30-month old male

*Parents concerned about delayed speech & language skills and possible ASD diagnosis*

Diagnosed with bilateral hearing loss at birth; hearing aids at 6 weeks
Surgery for L4-L5 fusion due to scoliosis
Said first words at 19 months
Uses some words (many unintelligible), 3 signs (minimal 2-word combos)
Fusses and points to indicate wants/needs, easily frustrated, screams/cries frequently
Comprehends and follow some directions
Problems getting him to attend; poor joint attention
Motor development was age-appropriate

Case Video:
Autism Interdisciplinary Assessment Team Process
Using a collaborative team lens, what behaviors did *we* observe?

- Communication?
- Social?
- Play?
- Problem solving?
- Cognitive?
- Engagement?
- Motor?
- Other?

Looking at the child using a collaborative team lens

We
Developing an appropriate, evidence-based treatment approach it is important to start with a good assessment that is:

- comprehensive
- interprofessional
- individualized
- person-centered

Wichita State University - Community Partners: Autism Interdisciplinary Diagnostic Team

Interdisciplinary teams
- **AM Team**: Early Ed, PT, SLP, Aud., Nursing, DH, OT
- **PM Team**: Early Ed, PT, SLP, Aud., Nursing, DH, Psy., OT

Coordinate assessment schedules with pediatrician
- Collect case history & other available testing information
- Contact family & expand/confirm case history information

Review case file, determine assessment protocol, establish team roles & responsibilities
- CARS-ST (assist, scorer)
- ADOS-2 (assist, scorer, observer/scorer, video)
- Other Screenings (assist, scorer, observer, dictate report)
Assessment day - #1 (Wednesday)
- Room set up, review roles/responsibilities
- Additional file review

Communication & cognitive assessment
- Communication Assessment tools selected based on case history / parent report / other testing information
- Cognitive Assessment

Discuss initial results with family

Assessment day - #2 (Friday)
- Room set up, roles/responsibilities, materials
- Additional file review with team members

Assessment
- CARS-ST & ADOS -2
- Additional screenings (child & family)

Score and discuss results
- CARS-ST & ADOS-2 - discuss observations & score protocols
- Groups come together to discuss results
Collaborative Processes Tool Box

1. Open/free area
What is known by the individual person and also known by others?
(known = primary referral concern)

- Ethnographic Interviewing
- Ethnographic observation
- Role definition

2. Blind Area
What is known by others but unknown to the individual.
(things the parents know that the team doesn't know; things the team knows that the parent doesn't)

- Co-equal relationship
- Systematic problem-solving
- Dynamic

3. Hidden Area
What is known by the individual and consciously hidden from others.
(withholding information = conscious or unconscious power differentiation)

4. Unknown Area
What is unknown to both the individual and others.
(diagnostic outcome)

Yields:
- Mutually defined problem statement & individual treatment plan
- Teaches process & content

Family Feedback (Family, Faculty, 1-2 students, APRN)
- Discuss results (from Assessment Days 1 & 2)
- Provide recommendations and resources
- Respond to questions and concerns
Family Transition to Developmental Pediatrician’s Office with APRN & 1-2 student team members (within one week)

[Report from AIDT provided to Pediatrician prior to appointment]

Follow Up with Physician and Family as Appropriate
- Finalize report and distribute appropriately
- Follow up with physician
- Follow up with family as needed/appropriate

Something’s Missing???
Team Function
High performance requires BALANCE

**Task** – what is done and the problems associated with completion.

**Process** - How the team functions; that is how the task is accomplished, what happens between the members & the way decisions are made.

*Process* - AFFECTS *Outcome*

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**Team meeting**
- Students and faculty/supervisors dictate screening reports in small groups
- Dictate CARS-ST for whole team
- Discuss results and review DSM-5 & International Classification of Functioning (ICF)

**Debriefing**
- Discuss evaluation process, lessons learned, and/or concerns
- Celebrate achievements of team
Case: Follow Up: Where are the child & family now?

<table>
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<tr>
<th>Test/Screening</th>
<th>Result</th>
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<tbody>
<tr>
<td>ADOS-2 – Module 1</td>
<td>Score – 7 (non-spectrum)</td>
</tr>
<tr>
<td>CARS-2-ST</td>
<td>1.5 (minimal to no symptoms of ASD)</td>
</tr>
</tbody>
</table>
| Developmental Assessment of Young Children | Cognitive: SS = 87  
Communication: SS = 83  
   - Receptive SS = 86  
   - Expressive SS = 81  
Social Emotional = 97  
Physical  
   - Gross Motor = 92  
   - Fine Motor = 82 |
| Oral Screening                        | Within normal limits                                                  |
| Hearing Screening                     | Normal hearing sensitivity within at least one ear, if not both; no middle ear disturbance bilaterally; amplification not powerful enough |
| Recommendations                       | Continue speech-language intervention                                |

Process vs. Product

Up front time will be required to arrive at a:

- mutually defined problem (i.e., diagnosis)
- person-centered, individualized plan
- contextually based, meaningful outcome

(Weiss, Tilin, & Morgan, 2014)
A systems approach: International Classification of Functioning/Interprofessional Practice (ICF/IPP)

(World Health Assembly, 2001)

Remember: Developing a team that engages in interprofessional practice takes time...

(Wheelan, Davidson, Tilin, 2003)
Thank you for your attention & interest!

Closing Notes

Extra Credit Summer Webinar Series
http://plearn.co/extra-credit-summer-series

CEU Questions
ceu@presencelearning.com

For info about or a demo of online therapy
schools@presencelearning.com